

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning 09/01, 2013, and ending 08/31, 2014

|  |  |  |  |            |  |  |  |
|--|--|--|--|------------|--|--|--|
| <b>B</b>   | Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><u>NEW YORK INSTITUTE OF TECHNOLOGY</u>   |  |            | <b>D</b> Employer identification number<br><u>11-1788788</u> |  |  |
|  |  | Doing Business As  |  |            | <b>E</b> Telephone number<br><u>(516) 686-7533</u>           |  |  |
|  |  | Number and street (or P.O. box if mail is not delivered to street address) |  | Room/suite |  |  |  |
|  |  | <u>NORTHERN BLVD GERRY HOUSE</u>   |  | <u>200</u> |  |  |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><u>OLD WESTBURY, NY 11568</u>  |  |  | <b>G</b> Gross receipts \$ <u>296,495,937.</u>   |            |  |  |  |
| <b>F</b> Name and address of principal officer: <u>DR. EDWARD GUILIANO</u><br><u>NORTHERN BLVD GERRY HOUSE OLD WESTBURY, NY 11568</u>  |  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |  |  |  |
|  |  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |            |  |  |  |
|  |  |  | If "No," attach a list. (see instructions)   |            |  |  |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |  | <b>H(c)</b> Group exemption number ▶   |            |  |  |  |
| <b>J</b> Website: ▶ <u>WWW.NYIT.EDU</u>  |  |  |  |            |  |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶              |  |  | <b>L</b> Year of formation: <u>1955</u>  |            | <b>M</b> State of legal domicile: <u>NY</u>                  |  |  |

**Part I Summary**

|  |  |                                     |                                  |                     |
|--|--|-------------------------------------|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                       | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>PROVIDE CAREER-ORIENTED PROFESSIONAL EDUCATION; GIVE ALL QUALIFIED STUDENTS ACCESS TO OPPORTUNITY; SUPPORT APPLICATIONS-ORIENTED RESEARCH THAT BENEFITS THE LARGER WORLD</u> |                                     |                                  |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                     |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b> 16.                        |                                  |                     |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b> 15.                        |                                  |                     |
|  | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | <b>5</b> 3,035.                     |                                  |                     |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b> 15.                        |                                  |                     |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b> 2,892,888.                |                                  |                     |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b> -199,107.  |                                     |                                  |                     |
| <b>Revenue</b>   |  | <b>COPIED FOR PUBLIC INSPECTION</b> | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>8</b> Contributions and grants (Part VIII, line 1h)   |                                     | 9,041,018.                       | 8,708,248.          |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  |                                     | 250,039,249.                     | 259,069,898.        |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                                     | 3,780,320.                       | 5,380,252.          |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                                     | 4,575,416.                       | 3,753,684.          |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                                     | 267,436,003.                     | 276,912,082.        |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                                     | 40,207,440.                      | 43,011,407.         |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                                     | 0                                | 0                   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                                     | 133,610,531.                     | 130,896,014.        |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                                     | 0                                | 0                   |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,074,820.</u>   |                                     |                                  |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                                     | 55,272,416.                      | 91,312,191.         |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                                     | 229,090,387.                     | 265,219,612.        |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12           |  | 38,345,616.                         | 11,692,470.                      |                     |
| <b>Net Assets or Fund Balances</b>                                       |  |                                     | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>20</b> Total assets (Part X, line 16)   |                                     | 324,330,477.                     | 344,308,401.        |
|  | <b>21</b> Total liabilities (Part X, line 26)  |                                     | 195,741,759.                     | 202,300,481.        |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20     |  | 128,588,718.                        | 142,007,920.                     |                     |

**Part II Signature Block**

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

|   |                                |                                |                |   |                  |
|---|--------------------------------|--------------------------------|----------------|---|------------------|
| <b>Sign Here</b>  | ▶ Signature of officer         |                                | Date           |   |                  |
|   | ▶ Type or print name and title |                                |                |   |                  |
| <b>Paid Preparer Use Only</b>                                   | Print/Type preparer's name     | Preparer's signature           | Date           | Check <input type="checkbox"/> if self-employed | PTIN             |
|   | <u>DEVIN L DUNCAN</u>          | <u><i>Devin Duncan</i></u>     | <u>7/11/15</u> | <input type="checkbox"/>                        | <u>P01249521</u> |
|   | Firm's name ▶ <u>KPMG LLP</u>  | Firm's EIN ▶ <u>13-5565207</u> |                |   |                  |
| Firm's address ▶ <u>345 PARK AVENUE NEW YORK, NY 10154-0102</u> |                                | Phone no. <u>212-758-9700</u>  |                |   |                  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

Form **990** (2013)

mailed  
10/23/14

Form **8868**

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

OMB No. 1545-1709

(Rev. January 2014)  
Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (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 print   | Enter filer's identifying number, see instructions   |  |
|---|--|--|
|   | Name of exempt organization or other filer, see instructions.<br><b>New York Institute of Technology</b> | Employer identification number (EIN) or<br><b>11-1788788</b> |
| Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>Northern Blvd Gerry House Room 202</b>             | Social security number (SSN)   |  |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Old Westbury, New York 11568</b> |  |  |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

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

• The books are in the care of ► **Taxpayer**

Telephone No. ► **516 686-7533** Fax No. ► **516 686-7821**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **April 15**, 20 **15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 \_\_\_\_\_ or

►  tax year beginning **September 1**, 20 **13**, and ending **August 31**, 20 **14**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|  |    |    |      |
|--|----|----|------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ |      |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |      |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | 3c | \$ | None |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. . . . .  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **01**

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

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

• The books are in the care of  BARBARA HOLAHAN, NORTHERN BLVD GERRY HOUSE RM 200 OLD WESTBURY, NY 11568  
Telephone No.  516 686-7533 Fax No.

• If the organization does not have an office or place of business in the United States, check this box . . . . .

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until \_\_\_\_\_ 07/15, 20 15 .

5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_ 09/01, 20 13, and ending \_\_\_\_\_ 08/31, 20 14 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

|   |              |   |
|---|--------------|---|
| <b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> \$ | 0 |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> \$ | 0 |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | <b>8c</b> \$ | 0 |

**Signature and Verification must be completed for Part II only.**

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

Signature   Title  PAID PREPARER Date  4/8/15

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE CAREER-ORIENTED PROFESSIONAL EDUCATION; GIVE ALL QUALIFIED STUDENTS ACCESS TO OPPORTUNITY; SUPPORT APPLICATIONS-ORIENTED RESEARCH THAT BENEFITS THE LARGER WORLD.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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

4a (Code: ) (Expenses \$ 241,285,806. including grants of \$ 43,011,407. ) (Revenue \$ 252,787,067. )

NYIT PROVIDES UNDERGRADUATE, GRADUATE, AND DOCTORAL INSTRUCTION TO A DIVERSE STUDENT POPULATION APPROXIMATELY 10,269 STUDENTS ATTENDED THE INSTITUTION LAST YEAR AND 2,456 GRADUATED.

4b (Code: ) (Expenses \$ 5,275,589. including grants of \$ 0 ) (Revenue \$ 2,055,017. )

MEDICAL OUTREACH CENTERS PROVIDE TRAINING TO STUDENTS AND NEEDED MEDICAL SERVICES TO THE COMMUNITY.

4c (Code: ) (Expenses \$ 4,227,814. including grants of \$ 0 ) (Revenue \$ 4,227,814. )

NYIT PERFORMED RESEARCH FOR THE FEDERAL, STATE, AND LOCAL GOVERNMENTS AS WELL AS RESEARCH FOR THE BUSINESS SECTOR.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 250,789,209.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   | X   |    |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>   | X   |    |
| <b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>                          | X   |    |
| <b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     | X  |
| <b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     | X  |
| <b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     | X  |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  |     | X  |
| <b>25 b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                    |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i> |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| <b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>   | X   |    |
| <b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | X   |    |
| <b>35 b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>   | X   |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BARBARA HOLAHAN NORTHERN BLVD GERRY HOUSE RM 200 OLD WESTBURY, NY 11568 516-686-7533



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DR. EDWARD GUILIANO<br>PRESIDENT AND CEO | 60.00  | X  |                       | X       |              |                              |        | 1,103,578.   | 0   | 43,175.   |
| (2) LINDA DAVILA<br>CHAIRPERSON              | 5.00   | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) BHARAT B. BHATT<br>VICE CHAIRPERSON      | 5.00   | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) PETER A. FERENTINOS<br>TRUSTEE           | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) DEBORAH VERDERAME MARCIANO<br>TRUSTEE    | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) CRISTINA L. MENDOZA, ESQ<br>TRUSTEE      | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) ELI WACHTEL<br>TRUSTEE                   | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) MICHAEL J. MERLO<br>TRUSTEE              | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) ERNIE ANASTOS<br>TRUSTEE (AS OF 12/2013) | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) GEN. RICHARD A. CODY<br>TRUSTEE         | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) ROBERT E. EVANSON<br>TRUSTEE            | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) ALAN C. GUARINO<br>TRUSTEE              | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) LADY BARBARA JUDGE<br>TRUSTEE           | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) PETER J. ROMANO<br>TRUSTEE              | 5.00   | X  |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| 15) KEVIN D. SILVA<br>TRUSTEE                                  | 5.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| 16) ROBERT A. WILD, ESQ<br>TRUSTEE                             | 5.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| 17) LEONARD AUBREY<br>TREASURER AND CFO                        | 40.00  |   |                       | X       |              |                              |        | 307,557.   | 0   | 43,600.   |
| 18) CATHERINE FLICKINGER<br>SECRETARY AND GENERAL COUNSEL      | 40.00  |   |                       | X       |              |                              |        | 314,162.   | 0   | 45,814.   |
| 19) DANIEL MCGOVERN<br>ASST TREASURER AND CONTROLLER           | 40.00  |   |                       | X       |              |                              |        | 179,390.   | 0   | 28,210.   |
| 20) BARBARA ROSS-LEE<br>VP HEALTH AFFAIRS                      | 40.00  |   |                       |         | X            |                              |        | 333,111.   | 0   | 40,066.   |
| 21) IBRAHIM BODUR<br>VP IT AND INFRASTRUCTURE                  | 40.00  |   |                       |         | X            |                              |        | 254,429.   | 0   | 43,600.   |
| 22) RAHMAT SHOURESHI<br>PROVOST AND VP OF ACADEMIC AFF         | 40.00  |   |                       |         | X            |                              |        | 401,024.   | 0   | 52,996.   |
| 23) JOHN ELIZANDRO<br>VP DEVELOPMENT                           | 40.00  |   |                       |         |              | X                            |        | 306,263.   | 0   | 45,113.   |
| 24) WOLFGANG GILLIAR<br>DEAN MEDICAL SCHOOL                    | 40.00  |   |                       |         |              | X                            |        | 342,765.   | 0   | 53,745.   |
| 25) JESS BORONICO<br>DEAN MANAGEMENT SCHOOL                    | 40.00  |   |                       |         |              | X                            |        | 299,559.   | 0   | 21,347.   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | 1,103,578.   | 0   | 43,175.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        | 3,471,878.   | 0   | 466,162.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 4,575,456.   | 0   | 509,337.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **300**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| 26) DR. ANTHONY MARTIN GERDES<br>PROFESSOR & CHAIR                   | 40.00  |   |                       |         |              | X                            | 294,726. | 0  | 43,545.   |   |
| 27) NANCY BONO<br>ASSOCIATE PROFESSOR & CHAIR                        | 40.00  |   |                       |         |              | X                            | 305,925. | 0  | 48,126.   |   |
| 28) JACQUELYN NEALON<br>VP ENROLLMENT SERVICES                       | 0  |   |                       |         |              |                              | 132,967. | 0  | 0   |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |          |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |          |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |          |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 300

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

**Part VIII Statement of Revenue**

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

|  |   |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|---|--|----------------------|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |                      |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  | 39,921.              |                      |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |                      |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . .  | <b>1e</b>  | 5,782,113.           |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .  | <b>1f</b>  | 2,886,214.           |                      |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f. \$  |  |                      |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |  |                      | 8,708,248.           |  |   |  |  |
|  | <b>Program Service Revenue</b>  | <b>Business Code</b>   |                      |                      |  |   |  |  |
| <b>2a</b> TUITION AND FEES   |   |  | 611600               | 243,816,051.         | 243,816,051.                                       |   |  |  |
| <b>b</b> SALES OF AUXILIARIES  |   |  | 721310               | 10,588,374.          | 10,588,374.  |   |  |  |
| <b>c</b> EDUCATIONAL ACTIVITIES  |   |  | 611600               | 2,055,017.           | 2,055,017.   |   |  |  |
| <b>d</b> OTHER   |   |  | 900099               | 2,610,456.           | 2,610,456.   |   |  |  |
| <b>e</b> _____   |   |  |                      |                      |  |   |  |  |
| <b>f</b> All other program service revenue . . . . .                             |   |  |                      |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                      |   |  |                      | 259,069,898.         |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts). . . . . ▶   |  |                      | 2,425,882.           |  | -2,847.                                 | 2,428,729.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶   |  |                      | 0                    |  |   |  |  |
|  | <b>5</b> Royalties . . . . . ▶  |  |                      | 27,592.              |  |   | 27,592.  |  |
|  | <b>6a</b> Gross rents . . . . .   | (i) Real   | 835,599.             |                      |  |   |  |  |
|  |   | (ii) Personal  |                      |                      |  |   |  |  |
|  |   | <b>b</b> Less: rental expenses . . . . .                           |                      |                      |  |   |  |  |
|  |   | <b>c</b> Rental income or (loss) . . . . .                         |                      | 835,599.             |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . . ▶  |  |                      | 835,599.             |  |   | 835,599.   |  |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | 21,926,126.          |                      |  |   |  |  |
|  |   | (ii) Other   |                      |                      |  |   |  |  |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      | 18,971,756.          |  |   |  |  |
|  |   | <b>c</b> Gain or (loss) . . . . .                                  |                      | 2,954,370.           |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . . ▶   |  |                      | 2,954,370.           |  |   | 2,954,370.   |  |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ 39,921.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      | 34,239.              |  |   |  |  |
|  |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |                      | 39,481.  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶                |   |  |                      | -5,242.              |  |   | -5,242.  |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>a</b>  |  |                      |                      |  |   |  |  |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>b</b>   |                      |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . . ▶  |  |                      | 0                    |  |   | 0  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    | <b>a</b>  |  | 3,468,353.           |                      |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold . . . . .   | <b>b</b>   |                      | 572,618.             |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶   |  |                      | 2,895,735.           |  | 2,895,735.                              |  |  |
| <b>Miscellaneous Revenue</b>   |   |  | <b>Business Code</b> |                      |  |   |  |  |
| <b>11a</b> _____   |   |  |                      |                      |  |   |  |  |
|  | <b>b</b> _____  |  |                      |                      |  |   |  |  |
|  | <b>c</b> _____  |  |                      |                      |  |   |  |  |
|  | <b>d</b> All other revenue . . . . .  |  |                      |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                    |   |  |                      | 0                    |  |   | 0  |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                            |   |  |                      | 276,912,082.         | 259,069,898.                                       | 2,892,888.                              | 6,241,048.   |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .  | 458,910.              | 458,910.                        |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .  | 42,552,497.           | 42,552,497.                     |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .   | 0                     |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 3,532,809.            | 3,391,497.                      | 141,312.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 95,870,592.           | 91,479,718.                     | 3,815,650.                             | 575,224.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 5,653,866.            | 5,394,919.                      | 225,024.                               | 33,923.                     |
| 9 Other employee benefits . . . . .  | 18,029,782.           | 17,204,018.                     | 717,585.                               | 108,179.                    |
| 10 Payroll taxes . . . . .   | 7,808,965.            | 7,451,314.                      | 310,797.                               | 46,854.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 2,991,428.            | 2,873,099.                      | 118,329.                               |                             |
| c Accounting . . . . .   | 165,000.              | 158,400.                        | 6,600.                                 |                             |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .  | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 220,413.              |                                 | 220,413.                               |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 11,901,382.           | 10,711,244.                     | 1,190,138.                             |                             |
| 12 Advertising and promotion . . . . .   | 2,723,943.            | 2,356,377.                      | 98,168.                                | 269,398.                    |
| 13 Office expenses . . . . .   | 5,632,012.            | 5,068,811.                      | 394,241.                               | 168,960.                    |
| 14 Information technology . . . . .  | 0                     |                                 |  |                             |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 18,803,960.           | 18,051,802.                     | 752,158.                               |                             |
| 17 Travel . . . . .  | 2,314,249.            | 2,088,882.                      | 87,037.                                | 138,330.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 1,769,605.            | 1,597,277.                      | 66,553.                                | 105,775.                    |
| 20 Interest . . . . .  | 3,865,791.            | 3,719,154.                      | 146,637.                               |                             |
| 21 Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 14,549,901.           | 13,967,134.                     | 582,767.                               |                             |
| 23 Insurance . . . . .   | 5,017,799.            | 4,791,998.                      | 200,712.                               | 25,089.                     |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <u>EQUIPMENT RENTAL AND MAINT</u> . . . . .  | 4,002,021.            | 3,841,936.                      | 160,085.                               |                             |
| b <u>GLOBAL PROGRAM EXPENSES</u> . . . . .   | 3,379,524.            | 3,244,005.                      | 135,519.                               |                             |
| c <u>HOSPITAL ROTATIONS</u> . . . . .  | 1,708,350.            | 1,708,350.                      |  |                             |
| d <u>BAD DEBT</u> . . . . .  | 1,093,023.            | 1,049,302.                      | 43,721.                                |                             |
| e All other expenses . . . . .   | 11,173,790.           | 7,628,565.                      | 2,942,137.                             | 603,088.                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 265,219,612.          | 250,789,209.                    | 12,355,583.                            | 2,074,820.                  |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year      |
|---|--|--------------------------|--------------|-------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 0                        | <b>1</b>     | 0                       |
|   | <b>2</b> Savings and temporary cash investments  | 45,311,620.              | <b>2</b>     | 50,762,233.             |
|   | <b>3</b> Pledges and grants receivable, net  | 5,731,758.               | <b>3</b>     | 8,492,728.              |
|   | <b>4</b> Accounts receivable, net  | 15,666,806.              | <b>4</b>     | 15,086,420.             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | <b>5</b>     | 0                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0                        | <b>6</b>     | 0                       |
|   | <b>7</b> Notes and loans receivable, net   | 0                        | <b>7</b>     | 0                       |
|   | <b>8</b> Inventories for sale or use   | 126,986.                 | <b>8</b>     | 108,663.                |
|   | <b>9</b> Prepaid expenses and deferred charges   | 0                        | <b>9</b>     | 4,975,249.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 315,774,907.  |              |                         |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 163,447,652.  | 148,680,689. | <b>10c</b> 152,327,255. |
|   | <b>11</b> Investments - publicly traded securities   | 43,859,135.              | <b>11</b>    | 50,459,549.             |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 18,780,231.              | <b>12</b>    | 19,863,887.             |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0                        | <b>13</b>    | 0                       |
|   | <b>14</b> Intangible assets  | 0                        | <b>14</b>    | 0                       |
|   | <b>15</b> Other assets. See Part IV, line 11   | 46,173,252.              | <b>15</b>    | 42,232,417.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 324,330,477.   | <b>16</b>                | 344,308,401. |                         |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 39,449,999.              | <b>17</b>    | 44,317,000.             |
|   | <b>18</b> Grants payable   | 0                        | <b>18</b>    | 0                       |
|   | <b>19</b> Deferred revenue   | 52,385,076.              | <b>19</b>    | 58,079,874.             |
|   | <b>20</b> Tax-exempt bond liabilities  | 67,161,757.              | <b>20</b>    | 66,318,757.             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>    | 0                       |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | <b>22</b>    | 0                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 12,075,000.              | <b>23</b>    | 8,240,000.              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0                        | <b>24</b>    | 0                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 24,669,927.              | <b>25</b>    | 25,344,850.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 195,741,759.             | <b>26</b>    | 202,300,481.            |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |              |                         |
|   | <b>27</b> Unrestricted net assets  | 122,024,864.             | <b>27</b>    | 134,022,953.            |
|   | <b>28</b> Temporarily restricted net assets  | 4,591,123.               | <b>28</b>    | 5,859,080.              |
|   | <b>29</b> Permanently restricted net assets  | 1,972,731.               | <b>29</b>    | 2,125,887.              |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |              |                         |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>    |                         |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>    |                         |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>    |                         |
|   | <b>33</b> Total net assets or fund balances  | 128,588,718.             | <b>33</b>    | 142,007,920.            |
|   | <b>34</b> Total liabilities and net assets/fund balances   | 324,330,477.             | <b>34</b>    | 344,308,401.            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 276,912,082. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 265,219,612. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 11,692,470.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 128,588,718. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 3,865,297.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0            |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -2,138,565.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 142,007,920. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> | X   |    |
| <b>3b</b> | X   |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

|   |   |
|---|---|
| <b>Name of the organization</b><br>NEW YORK INSTITUTE OF TECHNOLOGY | <b>Employer identification number</b><br>11-1788788 |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

|               |     |    |
|---------------|-----|----|
|               | Yes | No |
| <b>11g(i)</b> |     |    |
  - (ii) A family member of a person described in (i) above? 

|                |     |    |
|----------------|-----|----|
|                | Yes | No |
| <b>11g(ii)</b> |     |    |
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

|                 |     |    |
|-----------------|-----|----|
|                 | Yes | No |
| <b>11g(iii)</b> |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013



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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (61.16%); 15 Public support percentage from 2012 Schedule A; 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|   |   |
|---|---|
| <b>Name of the organization</b><br>NEW YORK INSTITUTE OF TECHNOLOGY | <b>Employer identification number</b><br>11-1788788 |
|---|---|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| <b>Name of organization</b> NEW YORK INSTITUTE OF TECHNOLOGY | <b>Employer identification number</b><br>11-1788788 |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | -----<br>-----<br>-----           | \$ 185,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | -----<br>-----<br>-----           | \$ 698,304.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **NEW YORK INSTITUTE OF TECHNOLOGY**

Employer identification number

11-1788788

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----                      | \$-----  | -----                |

|  |   |
|--|---|
| Name of organization <b>NEW YORK INSTITUTE OF TECHNOLOGY</b> | Employer identification number<br><b>11-1788788</b> |
|--|---|

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

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on certified historic structures.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets.

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 104,325,196.     | 100,798,203.   | 93,622,898.        | 88,263,233.          | 82,452,686.         |
| b Contributions                                  | 765,114.         | 1,425,424.     | 2,528,150.         | 153,980.             | 6,421,148.          |
| c Net investment earnings, gains, and losses     | 7,454,273.       | 3,226,974.     | 4,653,155.         | 5,214,023.           | -608,851.           |
| d Grants or scholarships                         | 25,292.          | 6,000.         | 6,000.             | 8,338.               | 1,750.              |
| e Other expenditures for facilities and programs |                  | 1,119,405.     |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 112,519,291.     | 104,325,196.   | 100,798,203.       | 93,622,898.          | 88,263,233.         |

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

- a Board designated or quasi-endowment  95.6471 %
  - b Permanent endowment  1.2311 %
  - c Temporarily restricted endowment  3.1218 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

|        | Yes                      | No                                  |
|--------|--------------------------|-------------------------------------|
| 3a(i)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b     | <input type="checkbox"/> | <input type="checkbox"/>            |

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

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 4,798,837.                      |                              | 4,798,837.     |
| b Buildings  |                                      | 198,800,872.                    | 97,109,523.                  | 101,691,349.   |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 95,018,395.                     | 61,954,995.                  | 33,063,400.    |
| e Other  |                                      | 17,156,803.                     | 4,383,134.                   | 12,773,669.    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 152,327,255.   |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other   |                |  |
| (A) HEDGE FUNDS   | 15,758,971.    | FMV  |
| (B) PARTNERSHIP & OTHER INVESTM.  | 4,104,916.     | FMV  |
| (C) -----   |                |  |
| (D) -----   |                |  |
| (E) -----   |                |  |
| (F) -----   |                |  |
| (G) -----   |                |  |
| (H) -----   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 19,863,887.    |  |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) INVESTMENTS IN REAL ESTATE-FMV  | 41,941,000.    |
| (2) OTHER ASSETS  | 291,417.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 42,232,417.    |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) POST-RETIREMENT HEALTH BENEFITS   | 9,838,849.     |
| (3) REFUNDABLE GRANTS AND US GOVT LOAN                                      | 15,298,398.    |
| (4) CAPITAL LEASE OBLIGATIONS   | 207,603.       |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 25,344,850.    |

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

SEE PAGE 5

**Part XIII** Supplemental Information *(continued)*

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## CONSERVATION EASEMENT

SCHEDULE D, PART II, LINE 9

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

## USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

NYIT ENDOWMENT FUNDS ARE USED PRIMARILY TO SUPPORT SCHOLARSHIPS.

**SCHEDULE E  
(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number  
11-1788788

**Part I**

|   | 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? . . . . .   | X   |    |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .  | X   |    |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . . | X   |    |
| SEE SUPPLEMENTAL PAGE   |     |    |
| 4 Does the organization maintain the following?   |     |    |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .   | X   |    |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .   | X   |    |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .   | X   |    |
| d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .<br>If you answered "No" to any of the above, please explain. If you need more space, use Part II.  | X   |    |
| 5 Does the organization discriminate by race in any way with respect to:  |     |    |
| a Students' rights or privileges? . . . . .   |     | X  |
| b Admissions policies? . . . . .  |     | X  |
| c Employment of faculty or administrative staff? . . . . .  |     | X  |
| d Scholarships or other financial assistance? . . . . .   |     | X  |
| e Educational policies? . . . . .   |     | X  |
| f Use of facilities? . . . . .  |     | X  |
| g Athletic programs? . . . . .  |     | X  |
| h Other extracurricular activities? . . . . .<br>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  |     | X  |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .  | X   |    |
| b Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either line 6a or line 6b, explain on Part II.   |     | X  |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .  | X   |    |

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

Schedule E (Form 990 or 990-EZ) (2013)

JSA  
3E1273 1.000

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

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## EXPLANATION OF NONDISCRIMATORY POLICY PUBLICATION

SCHEDULE E, PART I, LINE 3

NYIT'S RACIAL NON-DISCRIMINATION POLICY IS PUBLISHED IN THE CATALOG AVAILABLE TO ALL STUDENTS ONLINE. THE POLICY IS ALSO PUBLISHED IN ALL BROCHURES SENT TO STUDENTS. NYIT ALSO STATES THE POLICY IN ITS ADVERTISING.

## GOVERNMENT AID

SCHEDULE E, PART I, LINE 6

NYIT RECEIVES GOVERNMENT AID TO SUPPORT SCHOLARSHIPS AND RESEARCH.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

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

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

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) SOUTH ASIA  | 3.                                  | 31.  | PROGRAM SERVICES  | EDUCATION  | 4,608,814.   |
| (2) MIDDLE EAST AND NORTH AFRICA                            | 1.                                  | 30.  | PROGRAM SERVICES  | EDUCATION  | 5,016,115.   |
| (3) NORTH AMERICA   | 1.                                  | 35.  | PROGRAM SERVICES  | EDUCATION  | 2,504,190.   |
| (4) CENTRAL AMERICA/CARIBBEAN                               |                                     |  | INVESTMENTS   |  | 13,457,654.  |
| (5)   |                                     |  |   |  |  |
| (6)   |                                     |  |   |  |  |
| (7)   |                                     |  |   |  |  |
| (8)   |                                     |  |   |  |  |
| (9)   |                                     |  |   |  |  |
| (10)  |                                     |  |   |  |  |
| (11)  |                                     |  |   |  |  |
| (12)  |                                     |  |   |  |  |
| (13)  |                                     |  |   |  |  |
| (14)  |                                     |  |   |  |  |
| (15)  |                                     |  |   |  |  |
| (16)  |                                     |  |   |  |  |
| (17)  |                                     |  |   |  |  |
| <b>3a</b> Sub-total . . . . .                               | 5.                                  | 96.  |   |  | 25,586,773.  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |   |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 5.                                  | 96.  |   |  | 25,586,773.  |

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

Schedule F (Form 990) 2013

JSA  
3E1274 1.000

**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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (2)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (3)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (4)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (5)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (6)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (7)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (8)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (9)  |                          |  |            |                      |                          |                                 |                                   |  |   |
| (10) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (11) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (12) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (13) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (14) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (15) |                          |  |            |                      |                          |                                 |                                   |  |   |
| (16) |                          |  |            |                      |                          |                                 |                                   |  |   |

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

3 Enter total number of other organizations or entities. . . . . ▶ -----



**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

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

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

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ACCOUNTING METHOD

SCHEDULE F, PART I, LINE 3, COLUMN (F)

THE ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR EXPENDITURES.



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

|                 |  | (a) Event #1                | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|--|-----------------------------|--------------|------------------|---------------------------------|
|                 |  | GOLF OUTING<br>(event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 74,160.                     |              |                  | 74,160.                         |
|                 | <b>2</b> Less: Contributions . . . . .   | 39,921.                     |              |                  | 39,921.                         |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 34,239.                     |              |                  | 34,239.                         |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                             |              |                  |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  | 1,956.                      |              |                  | 1,956.                          |
|                 | <b>6</b> Rent/facility costs . . . . .   | 36,560.                     |              |                  | 36,560.                         |
|                 | <b>7</b> Food and beverages . . . . .  |                             |              |                  |                                 |
|                 | <b>8</b> Entertainment . . . . .   |                             |              |                  |                                 |
|                 | <b>9</b> Other direct expenses . . . . .   | 965.                        |              |                  | 965.                            |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                             |              |                  | 39,481.                         |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                             |              |                  | -5,242.                         |

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

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

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

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

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) AMERICAN ROUTES<br>6823 ST. CHARLES AVE. NEW ORLEANS, LA 70118        | 26-1785885 |                               | 22,697.                  |                                   |   |  | CULTURAL CENTER                    |
| (2) COLLEGE OF WILLIAM AND MARY<br>200 STADIUM DR. WILLIAMSBURG, VA 23186 | 54-6001718 | 170(C)(1)                     | 209,539.                 |                                   |   |  | DEFENSE RESEARCH                   |
| (3) COLLEGE SUMMIT<br>40 EXCHANGE PL #1202 NEW YORK, NY 10005             | 52-2007028 | 501(C)(3)                     | 11,684.                  |                                   |   |  | EDUCATIONAL OUTREACH               |
| (4) INDIANA UNIVERSITY<br>107 S. INDIANA AVE. BLOOMINGTON, IN 47405       | 35-6001673 | 170(C)(1)                     | 141,617.                 |                                   |   |  | BIOMEDICAL RESEARCH                |
| (5) WESTERN SUFFOLK BOCES<br>152 LAUREL HILL RD NORTHPORT, NY 11768       | 11-6000131 | 170(C)(1)                     | 66,324.                  |                                   |   |  | EDUCATIOAL OUTREACH                |
| (6) -----   |            |                               |                          |                                   |   |  |                                    |
| (7) -----   |            |                               |                          |                                   |   |  |                                    |
| (8) -----   |            |                               |                          |                                   |   |  |                                    |
| (9) -----   |            |                               |                          |                                   |   |  |                                    |
| (10) -----  |            |                               |                          |                                   |   |  |                                    |
| (11) -----  |            |                               |                          |                                   |   |  |                                    |
| (12) -----  |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 4.

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

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

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS                  | 4,448.                   |                          | 42,331,456.                       | FMV   | TUITION SCHOLARSHIPS                   |
| 2 GRANTS TO INDIVIDUALS         | 17.                      | 221,041.                 |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANT MONITORING PROCEDURES

SCHEDULE I, PART I, LINE 1

THE GRANTS DEPARTMENT AND THE FINANCIAL AID OFFICE OVERSEE ALL GRANTS, GOVERNMENT LOANS AND SCHOLARSHIP EXPENDITURES. ALL GRANT EXPENSES ARE APPROVED AND REIMBURSED IN ACCORDANCE WITH UNIVERSITY POLICY. AN ANNUAL AUDIT IS CONDUCTED IN ACCORDANCE WITH GOVERNMENTAL REGULATIONS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2013

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

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

| (A) Name and Title                                      |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 DR. EDWARD GUILIANO<br>PRESIDENT AND CEO              | (i)  | 583,377.   | 313,201.                            | 207,000.                            | 26,000.  | 17,175.                 | 1,146,753.                      | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 LEONARD AUBREY<br>TREASURER AND CFO                   | (i)  | 290,930.   | 6,903.                              | 9,724.                              | 26,854.  | 16,746.                 | 351,157.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 CATHERINE FLICKINGER<br>SECRETARY AND GENERAL COUNSEL | (i)  | 301,259.   | 6,903.                              | 6,000.                              | 18,002.  | 27,812.                 | 359,976.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 DANIEL MCGOVERN<br>ASST TREASURER AND CONTROLLER      | (i)  | 175,333.   | 4,057.                              | 0                                   | 13,872.  | 14,338.                 | 207,600.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 JACQUELYN NEALON<br>VP ENROLLMENT SERVICES            | (i)  | 119,154.   | 10,563.                             | 3,250.                              | 0  | 0                       | 132,967.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 JOHN ELIZANDRO<br>VP DEVELOPMENT                      | (i)  | 293,595.   | 6,668.                              | 6,000.                              | 17,997.  | 27,116.                 | 351,376.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 WOLFGANG GILLIAR<br>DEAN MEDICAL SCHOOL               | (i)  | 331,829.   | 8,745.                              | 2,191.                              | 25,933.  | 27,812.                 | 396,510.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 JESS BORONICO<br>DEAN MANAGEMENT SCHOOL               | (i)  | 289,680.   | 6,525.                              | 3,354.                              | 17,993.  | 3,354.                  | 320,906.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 DR. ANTHONY MARTIN GERD<br>PROFESSOR & CHAIR          | (i)  | 288,177.   | 6,549.                              | 0                                   | 17,994.  | 25,551.                 | 338,271.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 NANCY BONO<br>ASSOCIATE PROFESSOR & CHAIR            | (i)  | 230,647.   | 5,275.                              | 70,003.                             | 21,010.  | 27,116.                 | 354,051.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 BARBARA ROSS-LEE<br>VP HEALTH AFFAIRS                | (i)  | 325,717.   | 7,394.                              | 0                                   | 25,732.  | 14,334.                 | 373,177.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12 IBRAHIM BODUR<br>VP IT AND INFRASTRUCTURE            | (i)  | 242,924.   | 5,505.                              | 6,000.                              | 26,854.  | 16,746.                 | 298,029.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 RAHMAT SHOURESHI<br>PROVOST AND VP OF ACADEMIC AFF   | (i)  | 386,212.   | 8,812.                              | 6,000.                              | 26,000.  | 26,996.                 | 454,020.                        | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

TRAVEL AND HOUSING BENEFITS

SCHEDULE J, PART I, LINE 1A

NYIT IS A GLOBAL UNIVERSITY WITH CAMPUSES IN NEW YORK (MANHATTAN AND LONG ISLAND), CHINA, CANADA, AND THE MIDDLE EAST, AND, AS SUCH, THE PRESIDENT IS REQUIRED TO ENGAGE IN EXTENSIVE INTERNATIONAL TRAVEL. THE PRESIDENT TRAVELS WITH ABOVE STANDARD ACCOMMODATIONS (E.G., BUSINESS OR FIRST CLASS). THE UNIVERSITY ALSO MAKES A CAR AND DRIVER AVAILABLE TO THE PRESIDENT FOR TRAVEL BETWEEN CAMPUSES. THESE ACCOMMODATIONS ARE USED FOR BUSINESS PURPOSES ONLY AND ARE NOT TREATED AS TAXABLE COMPENSATION.

LIKE MOST UNIVERSITIES, NYIT REQUIRES THE PRESIDENT TO UTILIZE THE PRESIDENT'S RESIDENCE FOR UNIVERSITY FUNCTIONS, MANY OF WHICH OCCUR IN MANHATTAN. HOWEVER, UNLIKE MOST UNIVERSITIES, NYIT DOES NOT MAINTAIN PRESIDENTIAL CAMPUS HOUSING. NYIT PROVIDES A HOUSING ALLOWANCE TO THE PRESIDENT TO MAINTAIN A RESIDENCE FOR PERSONAL AND UNIVERSITY FUNCTIONS. IN CALENDAR YEAR 2013, THE VALUE OF THE PRESIDENT'S TAXABLE HOUSING ALLOWANCE WAS \$132,000. THE PRESIDENT HAS MADE CHARITABLE DONATIONS TO NYIT OVER THE PAST 10 YEARS IN EXCESS OF \$2 MILLION.

**Part III Supplemental Information**

Complete this part to 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.

## OTHER REPORTABLE COMPENSATION

SCHEDULE J, PART II, COLUMN (B)(III)

OTHER TAXABLE COMPENSATION RECEIVED BY THE PRESIDENT IN CALENDAR YEAR

2013 INCLUDED A \$132,000 HOUSING ALLOWANCE AND A \$75,000 AFTER-TAX

CONTRIBUTION TO AN ANNUITY ACCOUNT.

## NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7 AND PART II, COLUMN (B)(II)

THE PRESIDENT'S REPORTABLE COMPENSATION INCLUDES BONUS AND INCENTIVE

COMPENSATION DETERMINED ON A DISCRETIONARY BASIS BY THE BOARD OF

TRUSTEES. NON-FIXED BONUS AND INCENTIVE COMPENSATION WAS ALSO PAID TO

EMPLOYEES OTHER THAN THE PRESIDENT.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part I Bond Issues**

| (a) Issuer name                                       | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose        | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|---|----------------|-------------|-----------------|-----------------|-----------------------------------|--------------|----|-------------------------|----|----------------------|----|
|   |                |             |                 |                 |                                   | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY  | 13-2906040     | 64971CN75   | 03/27/2003      | 12,496,027.     | RENOVATION AND EQUIPMENT          |              | X  |                         | X  |                      | X  |
| <b>B</b> NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY  | 11-2559657     | 631657LB7   | 03/02/2010      | 20,523,052.     | CONVERTED BONDS ISSUED 08/29/2000 |              | X  |                         | X  |                      | X  |
| <b>C</b> SUFFOLK COUNTY INDUSTRIAL DEVELOPMENT AGENCY | 11-2584714     | 864768SN7   | 03/02/2010      | 40,831,593.     | CONVERTED BONDS ISSUED 08/29/2000 |              | X  |                         | X  |                      | X  |
| <b>D</b>  |                |             |                 |                 |                                   |              |    |                         |    |                      |    |

**Part II Proceeds**

|  | A           |    | B           |    | C           |    | D   |    |
|--|-------------|----|-------------|----|-------------|----|-----|----|
| <b>1</b> Amount of bonds retired   | 6,895,000.  |    |             |    |             |    |     |    |
| <b>2</b> Amount of bonds legally defeased  |             |    |             |    |             |    |     |    |
| <b>3</b> Total proceeds of issue   | 12,496,154. |    | 20,523,256. |    | 40,831,997. |    |     |    |
| <b>4</b> Gross proceeds in reserve funds   | 1,249,488.  |    | 2,031,000.  |    | 4,034,406.  |    |     |    |
| <b>5</b> Capitalized interest from proceeds  |             |    |             |    |             |    |     |    |
| <b>6</b> Proceeds in refunding escrows   |             |    |             |    |             |    |     |    |
| <b>7</b> Issuance costs from proceeds  | 240,100.    |    |             |    |             |    |     |    |
| <b>8</b> Credit enhancement from proceeds  | 678,000.    |    |             |    |             |    |     |    |
| <b>9</b> Working capital expenditures from proceeds  | 113,366.    |    |             |    |             |    |     |    |
| <b>10</b> Capital expenditures from proceeds   | 10,423,074. |    |             |    |             |    |     |    |
| <b>11</b> Other spent proceeds   |             |    | 18,492,052. |    | 36,971,187. |    |     |    |
| <b>12</b> Other unspent proceeds   |             |    |             |    |             |    |     |    |
| <b>13</b> Year of substantial completion   | 2005        |    | 2010        |    | 2010        |    |     |    |
|  | Yes         | No | Yes         | No | Yes         | No | Yes | No |
| <b>14</b> Were the bonds issued as part of a current refunding issue?  |             | X  | X           |    | X           |    |     |    |
| <b>15</b> Were the bonds issued as part of an advance refunding issue?   |             | X  |             | X  |             | X  |     |    |
| <b>16</b> Has the final allocation of proceeds been made?  | X           |    | X           |    | X           |    |     |    |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? | X           |    | X           |    | X           |    |     |    |

**Part III Private Business Use**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     | X  |     |    |     |    |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?                        |     | X  |     |    |     |    |     |    |

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

Part III Private Business Use (Continued)

RENOVATION AND EQUIPMENT

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and qualified hedges.



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

TOTAL PROCEEDS OF ISSUE

SCHEDULE K, PART II, LINE 3

TOTAL PROCEEDS OF ISSUE REPORTED ON LINE 3 INCLUDES INVESTMENT EARNINGS  
FROM THE 12-MONTH PERIOD.

WRITTEN PROCEDURES

SCHEDULE K, PART III, LINE 9, COLUMN A

THE ORGANIZATION IS CURRENTLY WORKING WITH LEGAL COUNSEL/TAX ADVISORS TO  
ESTABLISH WRITTEN PROCEDURES TO ENSURE THAT ALL NONQUALIFIED BONDS OF THE  
ISSUE ARE REMEDIATED IN ACCORDANCE WITH THE REQUIREMENTS UNDER  
REGULATIONS SECTIONS 1.141-12 AND 1.145-2.

SCHEDULE K, PART IV, LINE 7

THE ORGANIZATION IS CURRENTLY WORKING WITH LEGAL COUNSEL/TAX ADVISORS TO  
ESTABLISH WRITTEN PROCEDURES FOR A POST-ISSUANCE COMPLIANCE PROCESS TO  
MONITOR COMPLIANCE WITH THE ARBITRAGE REQUIREMENTS AS SET FORTH IN  
INTERNAL REVENUE CODE SECTION 148.

SCHEDULE K, PART V

THE ORGANIZATION IS CURRENTLY WORKING WITH LEGAL COUNSEL/TAX ADVISORS TO  
ESTABLISH WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF FEDERAL TAX



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

REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY

CLOSING AGREEMENT PROGRAM IF SELF-REMEDATION IS NOT AVAILABLE UNDER

APPLICABLE REGULATIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

11-1788788

FORM 990 REVIEW

FORM 990, PART VI, LINE 11A

THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, PRESIDENT, GENERAL COUNSEL, AN INDEPENDENT ACCOUNTING FIRM AND THE BOARD OF TRUSTEES PRIOR TO FILING. THE COMPLETE 990 AND ASSOCIATED RETURNS ARE SENT VIA EMAIL TO ALL PARTIES.

CONFLICT OF INTEREST REVIEW

FORM 990, PART VI, LINE 12C

OFFICERS, VICE PRESIDENTS AND CERTAIN OTHER EMPLOYEES, PARTICULARLY EMPLOYEES INVOLVED WITH THE PROCUREMENT OF GOODS AND SERVICES, WILL BE 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, IF AND AS APPROPRIATE, NYIT PERSONNEL 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.

|  |  |
|--|--|
| Name of the organization<br>NEW YORK INSTITUTE OF TECHNOLOGY | Employer identification number<br>11-1788788 |
|--|--|

## COMPENSATION REVIEW

FORM 990, SECTION B, LINE 15

NYIT'S BOARD HAS A PERSONNEL COMMITTEE OF INDEPENDENT TRUSTEES, WHO REVIEW THE COMPENSATION OF NYIT'S PRESIDENT AT CONTRACT RENEWAL INTERVALS. THE LAST SUCH RENEWAL WAS IN 2013. THE PERSONNEL COMMITTEE IS ADVISED BY INDEPENDENT COMPENSATION CONSULTANTS AND REVIEWS COMPENSATION DATA FROM SIMILAR ORGANIZATIONS TO ENSURE THAT NYIT DOES NOT COMPENSATE IN EXCESS OF MARKET NORMS. COMPENSATION OF OTHER KEY EMPLOYEES AND OFFICERS OF THE CORPORATION ARE DETERMINED UPON HIRE BY MARKET REVIEWS CONDUCTED BY THE PRESIDENT AND OTHER SENIOR MANAGERS, WHO MAY CONSULT FURTHER WITH HUMAN RESOURCES AND EXTERNAL CONSULTANTS. ANNUAL INCREASES FOR KEY EMPLOYEES AND OFFICERS ARE BASED ON BUDGET PARAMETERS AND REVIEW BY THE PRESIDENT OR HUMAN RESOURCES. CONTEMPORANEOUS SUBSTANTIATION FOR COMPENSATION LEVELS OF THE PRESIDENT, KEY EMPLOYEES OR OFFICERS MAY BE MAINTAINED BY THE OFFICE OF THE PRESIDENT OR HUMAN RESOURCES.

## DOCUMENT AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE DISTRIBUTED UPON REQUEST WITH THE APPROVAL OF THE GENERAL COUNSEL.

## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

OTHER CHANGES: \$ 4  
CHANGE IN POSTRETIREMENT PROGRAM: \$(2,138,569)

|  |  |
|--|--|
| Name of the organization<br>NEW YORK INSTITUTE OF TECHNOLOGY | Employer identification number<br>11-1788788 |
|--|--|

TOTAL OTHER CHANGES: \$(2,138,565)

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ATTACHMENT 1

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

JORDAN

EGYPT

CANADA

BAHRAIN

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ATTACHMENT 2

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

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| PRICEWATERHOUSECOOPERS LLP<br>PO BOX 7247-8001<br>PHILADELPHIA, PA 19170-8001             | AUDIT AND ACCOUNTING           | 456,242.            |
| FULBRIGHT & JAWORSKI LLP<br>PO BOX 844284<br>DALLAS, TX 75284-4284                        | LEGAL                          | 325,398.            |
| HOGAN LOVELLS LLP<br>COLUMBIA SQUARE, 555 THIRTEENTH ST, NW<br>WASHINGTON, DC 20004-1109  | LEGAL                          | 210,964.            |
| FORCHELLI, CURTO, DEEGAN, SCHWARTZ<br>120 LAKE AVE SOUTH, SUITE 14<br>NESCONSET, NY 11767 | LEGAL                          | 124,395.            |
| WITT/KIEFFER<br>PO BOX 13793<br>NEWARK, NJ 07188-0893                                     | TALENT PLACEMENT               | 122,496.            |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

Schedule R (Form 990) 2013

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization                             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) WHEATLEY ADVERTISING, INC. 11-2359770<br>NORTHERN BLVD OLD WESTBURY, NY 11568 | ADVERTISING             | NY   | NYIT                             | C  | 1,613,435.                   | 206,029.                           | 100.0000                    | X  |    |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) WHEATLEY ADVERTISING, INC.      | O                             | 1,613,373.             | COST   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>section 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|---|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |   | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (2) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (3) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (4) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (5) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (6) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (7) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (8) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (9) -----                               |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (10) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (11) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (12) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (13) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (14) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (15) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |
| (16) -----                              |                         |  |   |   |    |                                 |  |   |    |   |   |    |                                |



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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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