Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

Inspection

A F	or th	e 201	3 calendar year, or tax year beginning	09/01 ,2013	, and ending	<u>g</u> _		08/	31 ,20 ₁₄			
D			C Name of organization				Employer ide	ntifica	tion number			
D 0	heck if ap	oplicable:	NEW YORK INSTITUTE OF TECHNOL	OGY								
	Addre chang		Doing Business As				11-1788	788				
	Name	change	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E	E Telephone number					
	Initial	return	NORTHERN BLVD GERRY HOUSE		200		(516) 686	5 – 75	33			
	Termi	inated	City or town, state or province, country, and ZIP or foreig	n postal code								
	Amen return		OLD WESTBURY, NY 11568				Gross receipt	s \$	296,495,	937.		
	Applio pendi	cation	F Name and address of principal officer: DR . ED	WARD GUILIANO		Н	I(a) Is this a grou subordinates?		for Yes	X No		
			NORTHERN BLVD GERRY HOUSE OLD	WESTBURY, NY	11568	н	(b) Are all subordi		uded? Yes	No		
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c)() ◀ (inse	ert no.) 4947(a)(1)	or 527	,	If "No," attac	h a list. (see instructions)			
J	Websi	te: 🕨	WWW.NYIT.EDU			н	I(c) Group exemp	tion nun	nber >			
K	Form o	of orgar	nization: X Corporation Trust Association	Other ►	L Year of	formatio	n: 1955 M :	State of	f legal domicile:	NY		
P	art I	Sui	mmary	•	,							
	1	Briefly	y describe the organization's mission or most signific	ant activities: PROVII	DE CAREEI	R-ORI	ENTED PRO	OFES	SIONAL			
ė		EDU	CATION; GIVE ALL QUALIFIED STUI	DENTS ACCESS TO	O OPPORT	JNITY	;					
Jan		SUP	PORT APPLICATIONS-ORIENTED RESEA	ARCH THAT BENE	FITS THE	LARG	ER WORLD					
/err	2	Check	this box if the organization discontinued it	s operations or dispose	ed of more tha	n 25% o	f its net assets	 5.				
Ô	3	Numb	er of voting members of the governing body (Part VI,	line 1a)				3		16.		
حة س	4	Numb	er of independent voting members of the governing	body (Part VI, line 1b)				4		15.		
Activities & Governance			number of individuals employed in calendar year 201					5	3,0	035.		
÷			number of volunteers (estimate if necessary)					6		15.		
ĕ	7a	Total	unrelated business revenue from Part VIII, column (C)), line 12			[7a	2,892	,888.		
			nrelated business taxable income from Form 990-T, li					7b	-199	,107.		
							Prior Year		Current Yea	ar		
ø	8	Contri	ibutions and grants (Part VIII, line 1h)				9,041,01	8.	8,708	,248.		
aun	9	Progra	am service revenue (Part VIII, line 2g)	COP	Y FOR	25	0,039,24	9.	259,069	,898.		
Revenue	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 70	d) POBLIC II	NSPECTION		3,780,32	0.	5,380	,252.		
Ľ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)			4,575,41	6.	3,753	,684.		
	12	Total	revenue - add lines 8 through 11 (must equal Part VI	II, column (A), line 12)		26	7,436,00	3.	276,912	,082.		
			s and similar amounts paid (Part IX, column (A), lines			4	0,207,44	0.	43,011	<u>,407</u> .		
	14	Benef	its paid to or for members (Part IX, column (A), line 4			0		C				
S	4.5	Salari	es, other compensation, employee benefits (Part IX, o	13	3,610,53	1.	130,896	,014.				
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0		C				
ă	b		fundraising expenses (Part IX, column (D), line 25) 🕨									
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24	e)			5,272,41	_	91,312			
			expenses. Add lines 13-17 (must equal Part IX, colun				9,090,38		265,219			
		Rever	nue less expenses. Subtract line 18 from line 12				8,345,61		11,692	<u>,470</u> .		
s or							ng of Current Y		End of Year			
sset	20		assets (Part X, line 16)				4,330,47		344,308			
Net Assets or Fund Balances	21		liabilities (Part X, line 26)				5,741,75	_	202,300			
			ssets or fund balances. Subtract line 21 from line 20.			12	8,588,71	8.	142,007	<u>,920.</u>		
	rt II		gnature Block									
Un	der per e, corre	nalties o	of perjury, I declare that I have examined this return, include complete. Declaration of preparer (other than officer) is base	ding accompanying schedu ed on all information of whi	ules and statem ich preparer has	ients, and s any kno	d to the best of wledge.	my kn	owledge and bel	ef, it is		
						-						
Sig	ın		Signature of officer				Date					
He			Signature of officer				Date					
			Type or print name and title									
			-	naturo	Date			if PT	TNI			
Paid	d					/1 =	Check	"				
	parer		IIV II DOINGIAN	· · · · · · · · · · · · · · · · · · ·	7/11/		self-employe		01249521			
Use	Only		sname ► KPMG LLP	101E4 010	\ <u>\</u>		irm's EIN 🕨					
N/a:	, th = !!		saddress > 345 PARK AVENUE NEW YORK						758-9700	—		
			cuss this return with the preparer shown above? (see						X Yes	No		
ror	rape	rwork	Reduction Act Notice, see the separate instructions	i,					Form 990	(2013)		

maile 114

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	levenue Service	information about Form 8						
If you	are filing for	an Automatic 3-Month Extension,	complete o	only Part I and check	this box			▶
If you	are filing for a	an Additional (Not Automatic) 3-M	ionth Exten	sion, complete only	Part II (on page 2 of	this f	orm).	2000
Do not	t complete Pa	rt II unless you have already been	granted an	automatic 3-month e	xtension on a previou	sly fil	ed For	m 8868.
a corpo 8868 to Return	oration require o request an for Transfers	ile). You can electronically file Form of to file Form 990-T), or an addition extension of time to file any of the Associated With Certain Persona re details on the electronic filing of the	nal (not auto forms listed al Benefit C	omatic) 3-month exte d in Part I or Part II Contracts, which mu	nsion of time. You ca with the exception of st be sent to the IR	n ele Forn S in	ctronic n 8870 paper	cally file Form), Information format (see
Part	Autom	atic 3-Month Extension of Tim	e. Only sul	omit original (no co	pies needed).			
A corp	ooration requi	red to file Form 990-T and reque	esting an a	utomatic 6-month e	extension—check this			🕨 🗌
All other	er corporation	s (including 1120-C filers), partners	hips, REMIC	Cs, and trusts must u	se Form 7004 to requ	iest a	ın exte	nsion of time
to file i	ncome tax ret	ırns.						
					Enter filer's identifying	_		
Type o	or Name o	f exempt organization or other filer, see	instructions.		Employer identification	numb	er (EIN)	or
print	New Yor	k Institute of Technology				78878		
File by th	ne Number	, street, and room or suite no. If a P.O. b	oox, see instr	uctions.	Social security number	(SSN)		
due date	for Norther	Blvd Gerry House Room 202					_	
filing you return. S	City, to	vn or post office, state, and ZIP code. F	or a foreign a	ddress, see instructions	5.			
instruction	ons. Old Wes	tbury, New York 11568						
Enter t	he Return coc	e for the return that this application	is for (file a	separate application	for each return) .			. 0 1
Appli Is For	cation r		Return Code	Application Is For				Return Code
	990 or Form 9	90-F7	01	Form 990-T (corpo	ration)			07
	990-BL		02	Form 1041-A	,			08
	4720 (individu	al)	03	Form 4720 (other th	nan individual)			09
	990-PF	o.,	04	Form 5227				10
		01(a) or 408(a) trust)	05	Form 6069			11	
		ther than above)	06	Form 8870				12
• The I	books are in th	ne care of ► Taxpayer						
Teler	ohone No. ►	516 686-7533	F	ax No. ▶	516 686-7821			
• If the	organization s is for a Grou	does not have an office or place of pactors, enter the organization's for check this box	business in our digit Gro	the United States, choup Exemption Numb	neck this box er (GEN)		If t	this is
		and EINs of all members the exten		0 1.				
1	I request an a	utomatic 3-month (6 months for a c oril 15 , 20 15 , to file the exc	corporation	required to file Form zation return for the	990-T) extension of til organization named al	me bove.	The ex	xtension is
	calenda	zation's return for: r year 20 or						
	► ✓ tax year	haginaing Cantamber 1	20	12 and anding	August 31		2	20 14 .
2	If the tax year	entered in line 1 is for less than 12	months, ch	13 , and ending neck reason: Initia			, -	×
0		accounting period tion is for Forms 990-BL, 990-PF, 9	000 T 4720	or 6060 ontor the to	intative tax less any	-		
3a		e credits. See instructions.	130-1, 4120,	, or ooos, enter the te	siliative tax, less arry	За	\$	
		ation is for Forms 990-PF, 990-T	4720 or	6060 enter any refu	indable credits and	Sa	Ψ	
	estimated tax	payments made. Include any prior	year overpa	ayment allowed as a	credit.	3b	\$	
С		. Subtract line 3b from line 3a. Incluronic Federal Tax Payment System)			if required, by using	3с	\$	None
Caution	n. If you are goi	ng to make an electronic funds withdrav	val (direct del	bit) with this Form 8868	, see Form 8453-EO and	Form	8879-E	O for payment

Form 8868 (Rev. 1-2014) Page 2 Х If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box........ 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). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or NEW YORK INSTITUTE OF TECHNOLOGY 11-1788788 print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the NORTHERN BLVD GERRY HOUSE due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See OLD WESTBURY, NY 11568 instructions Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 1 Application Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 04 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 12 Form 990-T (trust other than above) 06 Form 8870 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 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until 07/15 , 20 15 . 09/01,20 5 For calendar year , or other tax year beginning , and ending 08/31 , 20 14 13 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. 8a 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. 8a \$ 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. 8b | \$ 0 c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c |\$ 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. Date \rightarrow 4/8/15 PAID PREPARER Signature > Title >

Form **8868** (Rev. 1-2014)

Pa	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? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(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 \$) (Revenue \$ $_{2,055,017}$.
	MEDICAL OUTREACH CENTERS PROVIDE TRAINING TO STUDENTS AND NEEDED
	MEDICAL SERVICES TO THE COMMUNITY.
	(Code:) (Expenses \$4,227,814including 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.)
4 :	(Expenses \$ including grants of \$) (Revenue \$)
4е	Total program service expenses ▶ 250,789,209.

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Χ Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV........ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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? If "Yes," complete Schedule I, Parts I and III	22	х	
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		~	
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		- 21
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555	21	
30		36		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	-		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	~-		7.7
• •	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part	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
	Check if Schedule O contains a response of note to any line in this Fart V		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 247			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3,035			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	х	
h	account)?	-Tu		
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	14b		

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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

Sect	ion A. Governing Body and Management						
		l		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 16					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1b 15					
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re any other officer, director, trustee, or key employee?	•	2		Х		
3	Did the organization delegate control over management duties customarily performed by or un						
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	-	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х		
6	Did the organization have members or stockholders?		6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to el						
	one or more members of the governing body?		7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval						
	stockholders, or persons other than the governing body?		7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during					
	the year by the following:						
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				37		
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Int		9 Code	<u> </u>	X		
Seci	on B. Folicies (This Section B requests information about policies not required by the int	erriai Neveriue	Coul	Yes	No		
100	Did the organization have local chapters, branches, or affiliates?		10a		X		
10a b	If "Yes," did the organization have written policies and procedures governing the activities of		Tou				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures.	•	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	-	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	g					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X			
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"					
	describe in Schedule O how this was done		12c	X			
13	Did the organization have a written whistleblower policy?		13	X			
14	Did the organization have a written document retention and destruction policy?		14	X			
15	Did the process for determining compensation of the following persons include a review are						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a	Х			
a	The organization's CEO, Executive Director, or top management official		15a	X			
b	Other officers or key employees of the organization		100				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement					
	with a taxable entity during the year?	=	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization						
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the					
	organization's exempt status with respect to such arrangements?		16b				
Sect	ion C. Disclosure						
17	, , , , , , , , , , , , , , , , , , , ,						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(0	c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.	andula Ol					
	Own website Another's website X Upon request Other (explain in Sch	•					
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of inte	erest	policy	, and		
20	financial statements available to the public during the tax year.	and records of the					
20	State the name, physical address, and telephone number of the person who possesses the books organization: Barbara Holahan Northern BLVD GERRY HOUSE RM 200 OLD WESTBURY, NY 11568 516-	and records of tr	ıe				
JSA			Form	990	(2013)		

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(E)

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

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

- 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.

> (C) Position

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

Name and Title	Average hours per week (list any	· · · · · · · · · · · · · · · · · · ·						Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DR. EDWARD GUILIANO	60.00									
PRESIDENT AND CEO	T	Х		Х				1,103,578.	0	43,175.
(2)LINDA DAVILA	5.00									
CHAIRPERSON		X		Х				0	0	0
(3)BHARAT B. BHATT	5.00									
VICE CHAIRPERSON		X		Х				C	0	0
_(4)PETER A. FERENTINOS	5.00							_	_	_
TRUSTEE		X						C	0	0
_(5)DEBORAH_VERDERAME_MARCIANO TRUSTEE	5.00	X						C	0	0
(6)CRISTINA L. MENDOZA, ESQ TRUSTEE	5.00	Х						C	0	0
(7)ELI WACHTEL	5.00									
TRUSTEE		X						C	0	0
_(8)MICHAEL J. MERLO	5.00							_	_	_
TRUSTEE		X						С	0	0
(9)ERNIE ANASTOS TRUSTEE (AS OF 12/2013)	5.00	X						C	0	0
(10)GEN. RICHARD A. CODY	5.00									
TRUSTEE	T	Х						0	0	0
(11)ROBERT E. EVANSON	5.00									
TRUSTEE		Х						0	0	0
(12)ALAN C. GUARINO	5.00									

X

Х

X

5.00

Form **990** (2013)

0

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0

JSA

TRUSTEE

TRUSTEE

TRUSTEE

(13)LADY BARBARA JUDGE

(14)PETER J. ROMANO

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson lirect	e than tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f orç ar	(F) stimated mount o other npensati rom the ganization d relate anization	f ion on d
15) KEVIN D. SILVA	5.00											
TRUSTEE		Х						C	0			0
16) ROBERT A. WILD, ESQ TRUSTEE	5.00	Х						C	0			C
17) LEONARD AUBREY	40.00											
TREASURER AND CFO				Х				307,557.	0		43,6	500.
18) CATHERINE FLICKINGER	40.00											
SECRETARY AND GENERAL COUNSEL				Х				314,162.	0		45,8	314.
19) DANIEL MCGOVERN	40.00											
ASST TREASURER AND CONTROLLER				Х				179,390.	0		28,2	210.
20) BARBARA ROSS-LEE	40.00											
VP HEALTH AFFAIRS					Х			333,111.	0		40,0)66.
21) IBRAHIM BODUR	40.00											
VP IT AND INFRASTRUCTURE					Х			254,429.	0		43,6	500.
22) RAHMAT SHOURESHI	40.00											
PROVOST AND VP OF ACADEMIC AFF					Х			401,024.	0		52,9	96.
23) JOHN ELIZANDRO	40.00											
VP DEVELOPMENT						X		306,263.	0		45,1	L13.
24) WOLFGANG GILLIAR	40.00											
DEAN MEDICAL SCHOOL						X		342,765.	0		53,7	745.
25) JESS BORONICO	40.00											
DEAN MANAGEMENT SCHOOL						X		299,559.	0		21,3	347.
1b Sub-total							\blacktriangleright	1,103,578.	0		43,1	.75.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	3,471,878.	0	4	466,1	.62.
d Total (add lines 1b and 1c)							>	4,575,456.	0	Ĩ	509,3	37.
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office	er, directo	or. or	tru	uste	e.	kev e	mp	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual						3	X	
4 For any individual listed on line 1a, is the												
organization and related organizations gr												
individual										4	Х	
5 Did any person listed on line 1a receive or												

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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

Form 990 (2013)												Page 8
Part VII Section A. Officers, Directors, Tr		y En	nplo			and I	Hig			continue		
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	do not ce ox, unless fficer and Institutional trustee		erson	is both	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	timated nount of other pensation the anizatiod related anizatior	f on on d
26) DR. ANTHONY MARTIN GERDES	40.00											
PROFESSOR & CHAIR	40.00					X		294,726.	С		43,5	45.
27) NANCY BONO ASSOCIATE PROFESSOR & CHAIR	40.00					\ _V		305,925.			48,1	126
28) JACQUELYN NEALON	0					X		305,925.		,	40,1	
VP ENROLLMENT SERVICES		1					X	132,967.	C			C
1b Sub-total c Total from continuation sheets to Part VII, \$	Section A						>					
d Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t	hose	liste				o re	ceived more than	\$100,000 of			
reportable compensation from the organization	on ►	300)								Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3	Х	
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.							sation from the	4	Х			
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual	5		Х
Section B. Independent Contractors										-		
Complete this table for your five highest concompensation from the organization. Report year.												
, (A)							_	(B)		(C)		

<u> </u>		
(A) Name and business address	(B) Description of services	(C) 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 ▶

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 39,921 Fundraising events d Related organizations 1d 1e 5.782.113 Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . 1f 2,886,214 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 8,708,248 Program Service Revenue **Business Code** TUITION AND FEES 611600 243,816,051 243,816,051 721310 10,588,374 10,588,374 b SALES OF AUXILIARIES c EDUCATIONAL ACTIVITIES 611600 2,055,017 2,055,017 900099 2,610,456 2,610,456 f All other program service revenue 259,069,898 Investment income (including dividends, interest, and 2,425,882. 2,428,729. Income from investment of tax-exempt bond proceeds . . . > 4 27,592. 5 27.592. (ii) Personal (i) Real 835,599 6a Gross rents **b** Less: rental expenses 835,599. Rental income or (loss) . . d Net rental income or (loss) 835,599 835,599 (ii) Other (i) Securities Gross amount from sales of 21,926,126. assets other than inventory **b** Less: cost or other basis and sales expenses 18,971,756. 2,954,370. c Gain or (loss) d Net gain or (loss) 2,954,370. 2,954,370. Other Revenue Gross income from fundraising events (not including \$ _____39,921. of contributions reported on line 1c). See Part IV, line 18 a c Net income or (loss) from fundraising events -5,242 -5.242. 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses **10a** Gross sales of inventory, returns and allowances 3,468,353 572,618 b Less: cost of goods sold b Net income or (loss) from sales of inventory <u>.</u> . ▶ 2,895,735 2,895,735 Miscellaneous Revenue **Business Code** 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. 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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Check if Schedule O contains a response or note to any line in this Part IX											
organization in the United States. See Part IV, line 21 . 2 Grants and other assistance to individuals outside the United States. See Part IV, line 22 . 3 Grants and other assistance to governments, organizations. and individuals outside the United States. See Part IV, line 15 and 16 . 4 Benefits paid to or for members . 5 Compensation of current officers, directors, trustees, and key employees persons (see Indied above, to disqualified persons (see Indied above, to disqualified persons) (see Ind	Do not include amounts reported on lines 6b, 7b,		(B) Program service	(C) Management and	(D) Fundraising							
The United States. See Part IV, line 22. 3 Crants and other assistance to governments organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 4 Semifits paid to rior membran. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualted persons gost defined under section 4988(K)(1) and persons described in action 4988(K)(1) and adolphin probye continuous. 5 Compensation not included above, to disqualted persons gost defined under section 4988(K)(1) and persons described in 4010 (1) and 4010) and 40	_	458,910.	458,910.									
organizations, and individuals outside the United States See Part N. ine 17, 1999. 4 Benefits paid to or for members		42,552,497.	42,552,497.									
S Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons discretified in eaction 4886((7)(1)) and persons described in eaction 488	organizations, and individuals outside the	0										
trustees, and key employees (a Compensation not included above, to disqualited persons its defined under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	4 Benefits paid to or for members	0										
persons (as defined under section 4986()(3)(8) 0 0 7 Other salaries and wages 95,870,592. 91,479,718. 3,815,650. 575,224. 8 Penson plan accruate and contributions (include section 4016) and adol(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. 46,854. 17,800 penson plan accruate and contributions). 5,653,866. 7,451,314. 310,797. 46,854. 18,029,782. 17,204,018. 717,585. 108,179. 46,854. 18,029,782. 18,029,782. 17,204,018. 717,585. 108,179. 46,854. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,782. 18,029,78		3,532,809.	3,391,497.	141,312.								
7 Other salaries and wages 95,870,592. 91,479,718. 3,815,650. 575,244. 8 Persion plan accruate and contributions (include section 401(t)) and 403(t) employee benefits 18,029,782. 17,204,018. 717,585. 108,179. 9 Other employee benefits 7,808,965. 7,451,314. 310,797. 46,854. 11 Fees for services (non-employees): a Management b Legal 2,991,428. 2,873,099. 118,329. c Accounting 165,000. 158,400. 6,600. d Lobbying 0 0 165,000. 158,400. 6,600. d Lobbying 0 0 20,413. 220,413. 10,711,244. 1,190,138. 9 Other. If Ine 11g amount exceeds 10% of Ine 25, column (A) amount, list line 11g expenses on Schedule 0). 2,723,943. 2,356,377. 98,168. 269,398. 10 Office respenses 5. 5,632,012. 5,068,811. 394,241. 168,960. 11 Information technology. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	persons (as defined under section 4958(f)(1)) and	0										
## 401(k) and 403(b) employer contributions) ## 3,653,866 ## 5,394,919 ## 225,024 ## 33,923 ## 17,204,018 ## 77,808,965 ## 7,808,965 ## 7,451,314 ## 310,797 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854 ## 46,854		95,870,592.	91,479,718.	3,815,650.	575,224.							
9 Other employee benefits												
10 Payroll taxes	401(k) and 403(b) employer contributions)				33,923.							
11 Fees for services (non-employees): a Management b Legal .	9 Other employee benefits				108,179.							
a Management	10 Payroll taxes	7,808,965.	7,451,314.	310,797.	46,854.							
b Legal	` ' ' '											
c Accounting 165,000. 158,400. 6,600. d Lobbying 0 e Professional fundraising services. See Part IV, line 17, 1 Investment management fees 220,413. 220,413. 9 Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 1 gevenses in line 24e. If line 24e expenses on Schedule O.) a EQUITMENT RENTAL AND MAINT (A) and out, list line 24e expenses on Schedule O.) a EQUITMENT RENTAL AND MAINT (A) And out list line 24e expenses on Schedule O.) a EQUITMENT RENTAL AND MAINT (A) And other expenses (B) And other expenses (B) (B) Int orest (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		0 001 400	2 072 000	110 200								
d Lobbying Professional fundraising services. See Part IV, line 17, f Investment management fees 9 Other. (if line 11g amount exceds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O), 2,723,943. 2,356,377. 98,168. 269,398. 12,40vertising 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 17,769,605. 1,597,277. 66,553. 105,775. 10 Interest 3,865,791. 3,719,154. 146,637. 12 Payments to affiliates. 0 12 Depreciation, depletion, and amortization 14,549,901. 13,967,134. 582,767. 18 Insurance 15,000, 16,500, 17,799. 4,791,998. 200,712. 25,089. 17,799. 4,791,998. 200,712. 25,089. 17,799. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,350. 17,08,35												
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9 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 . 2 , 723 , 943 . 2 , 356 , 377 . 98 , 168 . 269 , 398 . 13	-	220.413.		220,413,								
11,901,382 10,711,244 1,190,138 269,398 12 Advertising and promotion 2,723,943 2,356,377 98,168 269,398 30 ffice expenses 5,632,012 5,068,811 394,241 168,960 18 Royalties 0 0 0 0 0 0 0 0 0		,										
12 Advertising and promotion 2,723,943 2,356,377 98,168 269,398 130 Office expenses 5,632,012 5,068,811 394,241 168,960 14 Information technology 0 0 15 Royalties 0 0 18,803,960 18,8051,802 752,158 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 10 10 10 10 10 10 10 10 10 10 10 10 1		11,901,382.	10,711,244.	1,190,138.								
13 Office expenses		2,723,943.	2,356,377.	98,168.	269,398.							
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 87,037. 138,330. 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 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.) 3,841,936. 160,085. 4BQUIPMENT RENTAL AND MATINT bGLOBAL PROGRAM EXPENSES 1,708,350. 1,708,350. 1,708,350. 1,708,350. 6HOSPITAL ROTATIONS dABOL DEPERT 1,093,023. 1,049,302. 43,721. e All other expenses. Add lines 1 through 24e 265,219,612. 250,		5,632,012.	5,068,811.	394,241.	168,960.							
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 0 138,330. 19 Conferences, conventions, and meetings 1,769,605. 1,597,277. 66,553. 105,775. 20 Interest 0 3,865,791. 3,719,154. 146,637. 21 Payments to affiliates 0 0 5,017,799. 4,791,998. 200,712. 25,089. 22 Depreciation, depletion, and amortization 14,549,901. 13,967,134. 582,767. 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.) 3,841,936. 160,085. a EQUIPMENT RENTAL AND MAINT bGIORNAL PROGRAM EXPENSES 3,379,524. 3,244,005. 135,519. c HOSPITAL ROTATIONS cHose bGIORNAL PROGRAM Expenses 1,093,023. 1,049,302. 43,721. e All other expenses. Add lines 1 through 24e 265,219,612. 250,789,209. 12,355,583. 2,074,820.	14 Information technology	0										
17 Travel	15 Royalties	0										
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings												
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,769,605. 1,597,277. 66,553. 105,775. 20 Interest 21 Payments to affiliates. 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule O.) a EQUIPMENT RENTAL AND MAINT b GLOBAL PROGRAM EXPENSES c HOSPITAL ROTATIONS dBAD DEBT e All other expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if		2,314,249.	2,088,882.	87,037.	138,330.							
20 Interest												
21 Payments to affiliates					105,775.							
22 Depreciation, depletion, and amortization			3,/19,154.	140,637.								
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT_RENTAL_AND_MAINT			12 067 124	592 767								
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT RENTAL AND MAINT					25 089							
(A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT_RENTAL_AND_MAINT	24 Other expenses. Itemize expenses not covered	3,011,133.	1,751,550.	200,712.	23,007.							
a EQUIPMENT RENTAL AND MAINT 4,002,021. 3,841,936. 160,085. bGLOBAL PROGRAM EXPENSES 3,379,524. 3,244,005. 135,519. cHOSPITAL ROTATIONS 1,708,350. 1,708,350. dBAD DEBT 1,093,023. 1,049,302. 43,721. e All other expenses 11,173,790. 7,628,565. 2,942,137. 603,088. 25 Total functional expenses. Add lines 1 through 24e 265,219,612. 250,789,209. 12,355,583. 2,074,820. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if												
bGLOBAL PROGRAM EXPENSES cHOSPITAL ROTATIONS 1,708,350. dBAD DEBT 1,093,023. 1,049,302. e All other expenses 11,173,790. 7,628,565. 2,942,137. 603,088. 25 Total functional expenses. Add lines 1 through 24e 265,219,612. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	· · · · · · · · · · · · · · · · · · ·											
cHOSPITAL ROTATIONS 1,708,350. 1,708,350. dBAD DEBT 1,093,023. 1,049,302. 43,721. e All other expenses 11,173,790. 7,628,565. 2,942,137. 603,088. 25 Total functional expenses. Add lines 1 through 24e 265,219,612. 250,789,209. 12,355,583. 2,074,820. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if if	*											
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e All other expenses				A2 721								
25 Total functional expenses. Add lines 1 through 24e 265,219,612. 250,789,209. 12,355,583. 2,074,820. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if					603 000							
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	·											
JSA Form 990 (2013	26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720).		230,100,200.	12,333,303.	Eorm 990 (2013)							

JSA 3E1052 1.000

Part X Balance Sheet

Part X Balance Sneet						
		Check if Schedule O contains a response or note to any line in this Pa	rt X			
			(A) Beginning of year	(B) End of year		
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments	45,311,620.	2 50,762,233.		
	3	Pledges and grants receivable, net	5,731,758.	8,492,728		
	4	Accounts receivable, net	15,666,806.	4 15,086,420.		
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees.				
	6	Complete Part II of Schedule L 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	0 (5		
S		organizations (see instructions). Complete Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net	0 7	-		
As	8	Inventories for sale or use	126,986.	108,663		
	9	Prepaid expenses and deferred charges	0 9	9 4,975,249		
	10 a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a 315,774,907.				
		Less: accumulated depreciation		0c 152,327,255.		
	11	Investments - publicly traded securities		50,459,549		
	12	Investments - other securities. See Part IV, line 11		19,863,887.		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14 42 222 417		
	15	Other assets. See Part IV, line 11		42,232,417		
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)		16 344,308,401. 17 44,317,000.		
	18	Accounts payable and accrued expenses Grants payable		18		
	19	Deferred revenue		19 58,079,874.		
	20	Tax-exempt bond liabilities		20 66,318,757		
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
Liabilities	22	Loans and other payables to current and former officers, directors,	_	-		
lig		trustees, key employees, highest compensated employees, and				
Ë		disqualified persons. Complete Part II of Schedule L	0 2	22		
	23	Secured mortgages and notes payable to unrelated third parties	12,075,000. 2	8,240,000		
	24	Unsecured notes and loans payable to unrelated third parties	0 2	24		
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D	24,669,927. 2	25 25,344,850.		
	26	Total liabilities. Add lines 17 through 25	195,741,759. 2	26 202,300,481.		
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.				
au	27	Unrestricted net assets	122,024,864. 2	134,022,953.		
Bal	28	Temporarily restricted net assets		5,859,080		
pq	29	Permanently restricted net assets	1,972,731. 2	2,125,887		
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds	3	30		
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	3	31		
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32		
Ne	33	Total net assets or fund balances		142,007,920.		
	34	Total liabilities and net assets/fund balances	324,330,477. 3	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					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	76,9	12,0	82.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	65,2	19,6	12.		
3	11 600 4							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	28,5	88,7	18.		
5	- 2.005.201							
6	Donated services and use of facilities	6				0		
7	Investment expenses	7				0		
8	Prior period adjustments	8				0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,1	38,5	65.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
						20.		
Part	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		• • •					
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
_	Schedule O.							
2a	a 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 com-	ipiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	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, e	xplair	n in					
_	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	ı ın	3a	х			
	the Single Audit Act and OMB Circular A-133?		41	Ja	27			
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		tne	26	х			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.							

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

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.

Inspection

Nan	ne of the organization Employer identification number												
NE	OY W	RK INSTITUTE (OF TECHNOLOGY	•						11	-178878	8	
Pa	rt I	Reason for Publ	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions			
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)				
2	X	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)								
3		A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(k)(1)(A)	(iii).				
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A)(iii	. Enter	the
		hospital's name, cit											
5		An organization op	erated for the be	nefit of a college or univ	ersity	owned	l or ope	erated b	y a go	vernme	ntal unit o	describe	d in
		section 170(b)(1)(A	A)(iv). (Complete F	Part II.)									
6			-	or governmental unit des									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in sectio											
8		=		on 170(b)(1)(A)(vi). (Com	•								
9		=	-	es: (1) more than 331/3 %							-	_	
		· ·		exempt functions - subj									
				ome and unrelated busing						n 511	tax) from	busines	ses
40		· · · · · -		ne 30, 1975. See section									
10		-		ted exclusively to test for rated exclusively for the	-	_				-	or to or	rry out	tha
11		•	•	ipported organizations de			•					-	
				es the type of supporting					-			occ sec	
		a Type I		c Type III-Function	-						unctionally	integrate	ed.
•				e organization is not con	-	_					-	_	
			=	other than one or more			-	-	-		-	-	
		or section 509(a)(2	-	•		, ,,		Ü				`	, ,
f		If the organization	received a writte	n determination from the	e IRS	that it	is a T	ype I, T	ype II,	or Typ	e III supp	orting	
		organization, check										[
Ç	3	Since August 17, 2	006, has the orga	nization accepted any gift	or cor	ntributi	ion from	n any of	the				
		following persons?											
				tly controls, either alone								Yes	No
				the supported organization	on?						110	J(i)	
				scribed in (i) above?							11g	(ii)	
				on described in (i) or (ii) a							11g	(iii)	
ł	1	Provide the following	_	ut the supported organiza	ation(s)).					ı		
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	ls the zation in		ou notify anization		ls the zation in	(vii) Amou		tary
		or gamzation		above or IRC section	col. (i)	listed in overning	in col. (i) of your	col. (i) o	rganized	34	pport	
				(see instructions))	docui	ment?		oort?		U.S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
_													
Tot	aı												

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,302,945.	4,102,182.	7,173,927.	9,041,018.	8,708,248.	33,328,320.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3	4,302,945.	4,102,182.	7,173,927.	9,041,018.	8,708,248.	33,328,320.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						2,766,438.	
6	Public support. Subtract line 5 from line 4.						30,561,882.	
	tion B. Total Support	() 0000	420040	() 0044	(1) 0040	() 0040	(0 T. (.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	4,302,945.	4,102,182.	7,173,927.	9,041,018.	8,708,248.	33,328,320.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,645,528.	3,910,623.	3,365,334.	3,431,215.	3,289,073.	16,641,773.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0	
11	Total support. Add lines 7 through 10						49,970,093.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,260,881,688.	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup	•						
14	Public support percentage for 2013 (li	•	•			14	61.16%	
15	Public support percentage from 2012					15	%_	
16a	331/3% support test - 2013. If the o							
	this box and stop here. The organization							
b	331/3% support test - 2012. If the c							
47-	check this box and stop here. The organization of the control of	-						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_						
	Part IV how the organization meets t					-	•	
	organization			_	•			
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2012. If the organization meets	ganization did no the "facts-and	ot check a box l-circumstances'	on line 13, 16 test, check th	a, 16b, or 17a, nis box and st o	and line op here.	
18	Explain in Part IV how the organizati supported organization Private foundation. If the organization						≻ □	
_	instructions		-					

Schedule A (Form 990 or 990-EZ) 2013

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u> </u>					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (li			13, column (f))		17	%
18	Investment income percentage from 2012					18	%
	331/3% support tests - 2013. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga		_				
-	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

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Page 4

Schedule A (Form 990 or 990-EZ) 2013

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 B

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

Schedule of Contributors

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

OMB No. 1545-0047

Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY 11-1788788 Organization type (check one): Filers of: Section: X 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** | X | 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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number 11-1788788

art I	Contributors ((see instructions).	Use duplicate co	pies of Part I if additio	nal space is needed.
-------	----------------	---------------------	------------------	---------------------------	----------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_		\$185,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_		\$698,304.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	ort II if additional space is nee	ded.

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

Name of organization NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

	that total more than \$1,000 for the ye	•		
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this in	formation once.	s, charitable, etc., See instructions.) ▶ \$
	Use duplicate copies of Part III if addition	onal space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				-
				-
		(e) Transf	er of gift	
	Transferee's name, address, and	d ZIP + 4	Rela	tionship of transferor to transferee
	Transists & name, address, and	<u> </u>	11010	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				-
				-
	1	(e) Transf	er of gift	
		, ,	-	
	Transferee's name, address, and	d ZIP + 4	Rela	tionship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				_
				-
		(e) Transf	or of gift	
		(e) ITalisi	er or girt	
	Transferee's name, address, and	d ZIP + 4	Rela	tionship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				-
		(a) Tus	or of wift	
		(e) Transf	रा ज द्वार	
	Transferee's name, address, and	d ZIP + 4	Rela	tionship of transferor to transferee
	, , , , , , , , , , , , , , , , , , , ,			
		_	·	

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization NEW YORK INSTITUTE OF TECHNOLOGY 11-1788788 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat X Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 1. Total number of conservation easements 2a 32.00 1. Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes X No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2013

\$____

▶ \$

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenues included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2013 Page **2**

Par	rt III Organizations Maintaining	Collections of	Art, His	torical T	reasur	es, (or Oth	er Similar A	ssets	(cont	nue	<u>d)</u>
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	other reco	rds, checl	c any o	f the	follow	ing that are a	signific	ant us	se of	its
а	Public exhibition		d _	Loan	or excha	ange	progran	ns				
b	Scholarly research		e	Other								
С	Preservation for future generati	ions										
4	Provide a description of the organiza	ation's collections	and expl	ain how t	hey fur	ther	the org	janization's exe	empt pu	ırpose	in F	Part
	XIII.											
5	During the year, did the organization s											
	assets to be sold to raise funds rather									Yes		No
Par	rt IV Escrow and Custodial Arrai				ization	ans	wered '	'Yes" to Form	990, F	art I\	/, line	e 9,
	or reported an amount on F	-01111 990, Part 7	K, IIIIe Z I.									
12	Is the organization an agent, trustee,	custodian or othe	r intermed	iary for co	ntributi	one c	r other	assets not				
ıa	included on Form 990, Part X?			-						Yes		No
h	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fol	lowing tah	ıle:				. [162	ш	NO
~	ii roo, explain the arrangement ii r	are Ain and comp		iowing tax	,.c. [Amou	nt			
С	Beginning balance					1c		7.11100				
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance											
2a	Did the organization include an amou	int on Form 990,	Part X, line	21?					. 🔲	Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII. Check he	re if the ex	planation	has be	en pr	ovided i	n Part XIII				
Par	tt V Endowment Funds. Comple		zation an	swered "								
		(a) Current year	(b) Pri		(c) Two			(d) Three years b		Four y		
		.04,325,196.		8,203.			898.	88,263,23		32,4		
		765,114.	1,42	25,424.	2,5	528,	150.	153,98	30.	6,4	21,1	148.
С	Net investment earnings, gains,									_		. = -
	and losses	7,454,273.	3,22	26,974.	4,6		155.	5,214,02		-6		351.
	Grants or scholarships	25,292.		6,000.		6,	000.	8,33	38.		1,	750.
е	Other expenditures for facilities		1 11	0 405								
	and programs		1,11	9,405.								
g	End of year balance	12 510 201	104 32	5 106	100 5	70Ω	203	93,622,89	18	38,2	53 (233
2	Provide the estimated percentage of t								0.	30,2	J J , 2	
a	Board designated or quasi-endowmer	•		e (iiile 19,	Column	(a))	iciu as.					
b		•										
С	Temporarily restricted endowment											
	The percentages in lines 2a, 2b, and 2		00%.									
3a	Are there endowment funds not in the	e possession of th	ne organiz	ation that	are held	d and	l admin	istered for the				
	organization by:									Υ	es	No
	(i) unrelated organizations								3	a(i)		X
	(ii) related organizations								3	a(ii)		Х
b	If "Yes" to 3a(ii), are the related organ		•						[3b		
4	Describe in Part XIII the intended uses		ion's endo	wment fur	nds.							
Par	Land, Buildings, and Equipr Complete if the organizatio	ment.	c" to For	∞ 000 D	ort IV I	ina 1	10 80	o Form 000	Dart V	lino 1	1 0	
	Description of property	(a) Cost or		(b) Cost of				umulated		ok valu		
		(inves	tment)	(0	ther)			eciation				
1a	Land			-	98,83		0.5	20 522		1,79		
	Buildings			198,8	800,87	2.	97,1	09,523.	101	L,69	L,34	1 9.
C C	Leasehold improvements			05.0	110 20	-	61 01	-4 005	2 .	2 00	2 4 4	20
d	Equipment			+	18,39	_		54,995.		3,06		
	Other		n 990 Pan		.56 , 80			33,134.		2,77 2,32		
. Jia	,a ra unougn 16. (Ooluillii (U	., madi oyuan 1 om	. ooo, i aii	. A, oolulli	۱۱۱۱ ,رت	J 10(~/·/	–	10,	_,	, , 4	

Schedule D (Form 990) 2013

Page 3 Schedule D (Form 990) 2013

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)HEDGE FUNDS	15,758,971.	FMV
(B) PARTNERSHIP & OTHER INVESTM.	4,104,916.	FMV
(C)		
(D)		
(E) (F)		
^(r) (G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	19,863,887.	
Part VIII Investments - Program Related.	17,003,007.	
	"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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	"Yes" to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
(1) INVESTMENTS IN REAL ESTATE-FMV	Description	41,941,000.
(2) OTHER ASSETS		291,417.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.		
line 25.	1	, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	e e
(1) Federal income taxes	0.020	240
(2) POST-RETIREMENT HEALTH BENEFITS	9,838,	
(3) REFUNDABLE GRANTS AND US GOVT LOAN	15,298,	
(4) CAPITAL LEASE OBLIGATIONS	207,	005.
(5)		
<u>(6)</u>		
<u>(7)</u>		
<u>(8)</u> (9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 25,344,8	350.
	- 20,511,0	

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Schedule D (Form 990) 2013 Page **4**

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.						
1	Total revenue, gains, and other support per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-				
a	Net unrealized gains on investments					
b	Donated services and use of facilities	1				
	Donated services and use of facilities 2b	-				
C C	Recoveries of prior year grants Other (Describe in Port VIII)	-				
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3				
4						
a	Investment expenses not included on Form 990, Part VIII, line 7b	-				
b	Other (Describe in Part XIII.) Add lines 45 and 4b					
	Add lines 4a and 4b Tatal reverse Add lines 2 and 4a (This reverse area) Form 200 Fort / line 40	4c				
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5 Irn				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 2a					
b	Prior year adjustments 2b					
С	Other losses 2c					
d	Other (Describe in Part XIII.) 2c 2d					
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
С	Add lines 4s and 4b	4c				
с 5	Add lines 4s and 4b	4c 5				
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.					
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, I	ine 4; Part X, line			
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5 art V, I	ine 4; Part X, line			
5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, I	ine 4; Part X, line			
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5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line			
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5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line			
5 Part Provid 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	ine 4; Part X, line			
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JSA 3E1271 1.000 Schedule D (Form 990) 2013

Page 5

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

► 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** NEW YORK INSTITUTE OF TECHNOLOGY 11-1788788

Pa	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
_	bylaws, other governing instrument, or in a resolution of its governing body?	1	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,			
		2	x	
3	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media		Λ	
,	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	١		
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4.	v	
	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	Λ	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational nations	l _		77
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
٠	Use of facilities?	31		71
g	Athletic programs?	5g		X
9	, among programe.	- 5		
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6 a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	-	37	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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).

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

GOVERNMENT AID

ADVERTISING.

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	of the organization					Employer identifica	ation number
NEW	YORK INSTITUTE OF TECH	HNOLOGY				11-1788788	3
Part	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the org	anization answe	ered "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	f its grants	s and other	
	assistance, the grantees' eligibili				_		
	grants or assistance?					[Yes No
_		5					
	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use	of its grants a	and other
	assistance outside the officer ou	103.					
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	oace is nee	eded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in		ivity listed in (d) is	(f) Total
		offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,		ogram service, e specific type of	expenditures for and investments
			independent contractors	investments, grants to recipients	servi	ce(s) in region	in region
			in region	located in the region)			
(1)	SOUTH ASIA	3.	31.	PROGRAM SERVICES	EDUCATIO	DN	4,608,814.
(2)	MIDDLE EAST AND NORTH AFRICA	1.	30.	DDOGDAM GDDWIGHG	- IDIIGAMI	227	F 016 11F
(-)	MIDDLE EAST AND NORTH AFRICA	1.	30.	PROGRAM SERVICES	EDUCATIO)N	5,016,115.
(3)	NORTH AMERICA	1.	35.	PROGRAM SERVICES	EDUCATIO	DN	2,504,190.
(4)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS			13,457,654.
(5)							
(3)							
(6)							
(7)							
(8)							
(-,							
(9)							
(10)							
(10)							
(11)							
(12)							
(13)							
,							
(14)							
(4E)							
(15)							
(16)							
(17)	0.1						
3a	Sub-total	5.	96.				25,586,773.
b	Total from continuation	1	1				1

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

sheets to Part I

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013

25,586,773.

Schedule F (Form 990) 2013

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)									
	er total number of recipient orga the IRS, or for which the grantee								
	er total number of other organiz	ations or entities					>		

NEW YORK INSTITUTE OF TECHNOLOGY 11-1788788

Schedule F (Form 990) 2013

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 Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, (e) Manner of (f) Amount of (g) Description (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of non-cash of non-cash cash disbursement recipients cash grant assistance assistance

	recipients	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)						·
_(2)						
_(3)						
_(4)						
_(5)						
_(6)						
_(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)					Sch	edule F (Form 990) 2013

<u>Schedule F</u> (Form 990) 2013 Page **4**

Part	V 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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X 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)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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)	X 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	X 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)	X Yes	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

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).

ACCOUNTING METHOD

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

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public

Department of the Treasury ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number NEW YORK INSTITUTE OF TECHNOLOGY 11-1788788 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013

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.

		gross receipts greater than \$5,0	00.			
			(a) Event #1 GOLF OUTING	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
4.			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts	74,160.			74,160
ш	2	Less: Contributions	39,921.			39,921
		Gross income (line 1 minus line 2)				34,239
	4	Cash prizes				
	5	Noncash prizes	1,956.			1,956
Expenses	6	Rent/facility costs	36,560.			36,560
ct Expe	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	965.			965
	10	Direct expense summary. Add lines 4	4 through 9 in column (d)		>	39,481
	11	Net income summary. Subtract line 1	10 from line 3, column (d)		-5,242
	rt l		anization answered "Y			rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	a Is	nter the state(s) in which the organizate the organization licensed to operate g		of these states?		Yes No
	_					
		Vere any of the organization's gaming "Yes," explain:	licenses revoked, suspe			Yes No

Sched	ule G (Form 990 or 990-EZ) 2013
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
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	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license? Yes No
b	
_	or spent in the organization's own exempt activities during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990)

Name of the organization

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

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

Department of the Treasury ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NEW YORK INSTITUTE OF TECHNOLOGY						11-1788788	3
Part I General Information on Grants and							
1 Does the organization maintain records to su							
the selection criteria used to award the grants	s or assistance	e?					X Yes No
2 Describe in Part IV the organization's proced	ures for mon	itoring the use of	of grant funds in the	United States.			
Part II Grants and Other Assistance to G							es" to Form 990,
Part IV, line 21, for any recipient th	at received	more than \$5,	000. Part II can b	e duplicated if a	dditional space is n	eeded.	
1 (a) Name and address of organization	/b) [IN	(a) IDO a satism	(d) Amount of cook	T	(f) Method of valuation	(a) December of	(h) D
or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN ROUTES							
6823 ST. CHARLES AVE. NEW ORLEANS, LA 70118	26-1785885		22,697.				CULTURAL CENTER
(2) COLLEGE OF WILLIAM AND MARY							
200 STADIUM DR. WILLIAMSBURG, VA 23186	54-6001718	170(C)(1)	209,539.				DEFENSE RESEARCH
(3) COLLEGE SUMMIT							
40 EXCHANGE PL #1202 NEW YORK, NY 10005	52-2007028	501(C)(3)	11,684.				EDUCATIONAL OUTREACH
(4) INDIANA UNIVERSITY							
107 S. INDIANA AVE. BLOOMINGTON, IN 47405	35-6001673	170(C)(1)	141,617.				BIOMEDICAL RESEARCH
(5) WESTERN SUFFOLK BOCES							
152 LAUREL HILL RD NORTHPORT, NY 11768	11-6000131	170(C)(1)	66,324.				EDUCATIOAL OUTREACH
_(6)	_						
_(7)	_						
	_						
_(9)	_						
(10)	_						
(11)	_						
(12)	_						
2 Enter total number of section 501(c)(3) and g	novernment o	ırganizations lis	ted in the line 1 tab	le	l	<u> </u>	4.
3 Enter total number of other organizations liste	ed in the line	1 table					1.
For Paperwork Reduction Act Notice, see the In	structions fo	or Form 990.					ule I (Form 990) (2013)

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)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part	Questions Regarding Compensation			
			Yes	No
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.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (e.g., maid, chauffeur, chef)			
h	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	1b	X	
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?	2	X	
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.			
	X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study			
	X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The fee any of miles fa e, not the percent and provide the approache amounte for each from in rate in:			
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	7	X	
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2013

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

Schedule J (Form 990) 2013

Part | 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.

Schedule J (Form 990) 2013

Part | 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

► 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 (Form990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I Bond Issues														
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Is:	sue price	(f) De	scription of pu	rpose	(g) De	feased	sed (h) On behalf of issuer		(i) Po finan	
									Yes	No	Yes	No	Yes	N
A NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY	13-2906040	64971CN75	03/27/200	3 12	,496,027.	RENOVATION AND EQUIPMEN		IT		Х		Х		Х
B NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY	11-2559657	631657LB7	03/02/201	0 20	,523,052.	CONVERTED BO	NDS ISSUED	08/29/2000		Х		Х		2
C SUFFOLK COUNTY INDUSTRIAL DEVELOPMENT AGENCY	11-2584714	864768SN7	03/02/201	010 40,831,593. COM		CONVERTED BONDS ISSUED 08/29/2000				Х		Х		Х
D														
Part II Proceeds	1								1					_
					Α		В	С				D		
1 Amount of bonds retired				6,8	95,000									
2 Amount of bonds legally defeased														
3 Total proceeds of issue					96,154				31,99	7.				
4 Gross proceeds in reserve funds					49,488	. 2,0	31,000.	4,03	34,40	6.				
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds				2	40,100									
8 Credit enhancement from proceeds				6	78,000									
9 Working capital expenditures from proceeds				113,366.										
10 Capital expenditures from proceeds				10,423,074.										
11 Other spent proceeds						18,492,052. 36,9		71,18	7.					
12 Other unspent proceeds														
13 Year of substantial completion				200	5	201	0	2010						
				Yes	No	Yes	No	Yes	No		Yes	6	No	<u> </u>
14 Were the bonds issued as part of a current refunding	ng issue?				Х	Х		Х						
15 Were the bonds issued as part of an advance refur	nding issue?				Х		Х		Х					
16 Has the final allocation of proceeds been made?				Х		X		Х						
17 Does the organization maintain adequate boo	oks and record	ds to supp	ort the											
final allocation of proceeds?				X		X		X						
Part III Private Business Use														
				Α		В	С				D			
1 Was the organization a partner in a partnership which owned property financed by tax-exempt bon				Yes	No X	Yes	No	Yes	No		Yes		No	_
2 Are there any lease arrangements that may result in private business use of bond-financed property?					Х									

Page 2 Schedule K (Form 990) 2013

Pa	rt III Private Business Use (Continued)	RENOVATION AND EQUIPMENT									
			Α		В		С		D		
3a	Are there any management or service contracts that may result in private busine		No	Yes	No	Yes	No	Yes	No		
	use of bond-financed property?		X								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside couns to review any management or service contracts relating to the financed property?										
С	Are there any research agreements that may result in private business use of bond-financed property?		х								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entition other than a section 501(c)(3) organization or a state or local government		%)	%		%		%		
5	Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government	n,	%		%		%		%		
6	Total of lines 4 and 5		%		%		%		%		
7	Does the bond issue meet the private security or payment test?		X								
8a	Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued	?.	Х								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%	, o	%		%		%		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?										
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		Х								
Pa	rt IV Arbitrage	•	•		'				•		
			Α		В		С	D			
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction a Penalty in Lieu of Arbitrage Rebate?		No	Yes	No X	Yes	No X	Yes	No		
2	If "No" to line 1, did the following apply?		•	•	•	•			•		
	Rebate not due yet?			Х		Х					
	Exception to rebate?										
	No rebate due?										
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebacomputation was performed	ite									
3	Is the bond issue a variable rate issue?		X		Х		Х				
4a	Has the organization or the governmental issuer entered into a qualified hedge wi	th									
	respect to the bond issue?		X		X		X				
b	Name of provider										
	Term of hedge										
	Was the hedge superintegrated?										
	Was the hedge terminated?										
		•									

Schedule K (Form 990) 2013

Schedule K (Form 990) 2013 Page **3**

Part IV Arbitrage (Continued)							_	
		A	ı	3	(C	I)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х		Х		
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X		X		X		
Part V Procedures To Undertake Corrective Action								
	Α		В		С		ı)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
		X	L	X	<u></u>	X		
Part VI Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K (se	e instruct	ions).			

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

Schedule K (Form 990) 2013 Page 4

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-REMEDIATION IS NOT AVAILABLE UNDER

APPLICABLE REGULATIONS.

JSA 3E1511 2.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

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

NEW YORK INSTITUTE OF TECHNOLOGY

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)

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

TOTAL OTHER CHANGES:

\$(2,138,565)

ATTACHMENT 1

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

JORDAN

EGYPT

CANADA

BAHRAIN

ATTACHMENT 2

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

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

► See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

	(a)Name, address, and EIN (if applicable) of disregarded entity		Р	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
_(1)									
_(2)									
_(3)									
_(4)									
<u>(5)</u>									
<u>(6)</u>									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if th	e org	janization ansv	vered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activi	ty	(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
_(1)								Yes	No
_(2)									
_(3)									
_(4)									
<u>(5)</u>									
<u>(6)</u>									
_(7)									

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

Schedule R (Form 990) 2013

JSA 3E1307 1.000 Schedule R (Form 990) 2013

Part II	Identification of Relate because it had one or r	ed Organizations more related orga	Taxable anizations	e as a Partnersh s treated as a pa	lip Complete if the cartnership during the	organization an e tax year.	swered "Yes" o	n F	orm	990, Part IV, I	ine 3	34	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			Country)		3000013 312-314)			Yes	No	1	Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
<u>(5)</u>													
(6)													
<u>(7)</u>													

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

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

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Sched	lule R (Form 990) 2013					Pa	age 3				
Pa	rt V Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.								
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more re-										
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X				
b	Gift, grant, or capital contribution to related organization(s)				1b		X				
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
d	oans or loan guarantees to or for related organization(s)										
е	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f		Χ				
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
-											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				1n 1o	Х					
р	Reimbursement paid to related organization(s) for expenses				1р		Х				
q	Reimbursement paid by related organization(s) for expenses				1q		X				
7											
r	Other transfer of cash or property to related organization(s)				1r		Х				
s	Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the										
	(a)	(b)	(c)		(d)	-					
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of dete		g				
		type (a-s)		amot	ant mive	nveu					
(1)	WHEATLEY ADVERTISING, INC.	0	1,613,373.	COST							
. ,											
(2)											
. ,											
(3)											
(4)											
(5)											

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(6)

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

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) Name, address, and EIN of entity			(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 01111 1003)	Yes	No	
	Name, address, and EIN of entity	Name, address, and EIN of entity Primary activity Primary activity	Name, address, and EIN of entity Primary activity Legal domicle (state or foreign country)	Name, address, and EIN of entity Primary activity Legal domicile (state or foreing) accountry) Predominant income (related, unrelated, extuded from tax under section 512-514)	Name, address, and EIN of entity Primary activity Legal domicial income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Yes Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, unrelated, excluded from tax under section 512-514) Are all income (related, unrelated, u	Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income (related, uncleated, excluder from tax under section 512-514) Primary activity Legal domicile (state or foreign country) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated, excluder from tax under section 512-514) Predominant income (related, uncleated,	Name, address, and EIN of entity Primary activity Legal domicile (state of rotieg) country) Predominant for roting in country rection 512-514) Are all particular section 501 (x) section	Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income (related, undured) Free (relate	Name, address, and ElN of entity Primary activity Legal domicine (state or foreign country) Predominant income (registed state or foreign country) Predominant income (registed state of review) Predominant i	Name, address, and EIN of entity Primary activity Legal controller (claste or foreign country) Primary activity Primary activity Legal controller (claste or foreign country) Primary activity Legal controller (claste or foreign country) Primary activity Primary activity Primary activity Legal controller (claste or foreign country) Primary activity Primar	Name, address, and EIN of entity	Name, address, and EN of entity	Name, address, and EN of entity Primary activity Lagal domicing country) Primary activity Country) Primary activity Privation and Primary activity Primary activity Privation activities of Shareholds Activities and Primary activities

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Part VII Supplemental Information

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